

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031589

1. Entity Name

ENTERPRISE SOFTWARE SOLUTIONS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90167 030 ***158.75

Principal Place of Business

Mailing Address

9638 OLD BAYMEADOWS ROAD
#241
JACKSONVILLE FL 32256

9638 OLD BAYMEADOWS ROAD
#241
JACKSONVILLE FL 32256-8101

2. Principal Place of Business

3. Mailing Address

565 Clarinbridge Way
Suite, Apt. #, etc.

565 Clarinbridge Way
Suite, Apt. #, etc.

City & State

ALPHARETTA GA

City & State

ALPHARETTA GA

4. FEI Number

59-3239485

Applied For

Not Applicable

Zip

Country

30022

Zip

Country

30022

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, BRYANT
3131 CLYDE DR.
JACKSONVILLE FL 32208

Name

WATKINS, BRYANT

Street Address (P.O. Box Number is Not Acceptable)

2 South University Drive

Suite 215

City

Plantation

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Bryant Watkins

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS WATKINS, BRYANT
CITY-ST-ZIP 3131 CLYDE DRIVE
JACKSONVILLE FL 32208

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 565 Clarinbridge Way
CITY-ST-ZIP ALPHARETTA GA 30022

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bryant Watkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-00

Daytime Phone #

770-410-1692

CR2E034 (9/99)