

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032809

1. Entity Name

EARTHSOFT, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90108 020 ***150.00

Principal Place of Business

4141 PINE FOREST RD
 CANTONMENT FL 32533

Mailing Address

4141 PINE FOREST RD
 CANTONMENT FL 32533-6545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3288969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BEARD, JOYCE
 4141 PINE FOREST RD
 CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD ☐ Delete
 NAME KILLINGSWORTH, FARRELL
 STREET ADDRESS 4141 PINE FOREST RD
 CITY-ST-ZIP CANTONMENT FL 32533

TITLE PD ☒ Delete
 NAME BEARD, JOYCE
 STREET ADDRESS 4141 PINE FOREST RD
 CITY-ST-ZIP CANTONMENT FL 32533

TITLE STD ☒ Delete
 NAME KILLINGSWORTH, KATHRYN B
 STREET ADDRESS 2172 W. NINE MILE RD #164
 CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☒ Change ☐ Addition
 NAME KILLINGSWORTH, FARRELL
 STREET ADDRESS 4141 PINE FOREST ROAD
 CITY-ST-ZIP CANTONMENT, FL 32533-6545

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

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

TITLE ☐ Change ☒ Addition
 NAME MITCHELL K. BEARD
 STREET ADDRESS 4141 PINE FOREST ROAD
 CITY-ST-ZIP CANTONMENT, FL 32533-6545

TITLE ☐ Change ☒ Addition
 NAME STD CLIFFORD KILLINGSWORTH
 STREET ADDRESS 4141 PINE FOREST ROAD
 CITY-ST-ZIP CANTONMENT, FL 32533-6545

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/2000 850-969-1289