

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90349 039 ***150.00

DOCUMENT # P94000070153



1. Entity Name
SANIBEL SOFTWARE, INC.

Principal Place of Business
5758 MASTERS BLVD
ORLANDO FL 32819

Mailing Address
5758 MASTERS BLVD
ORLANDO FL 32819



2. Principal Place of Business
~~6230 MASTERS BLVD A-201~~
Suite, Apt. #, etc.
A-201

3. Mailing Address
~~6230 MASTERS BLVD A-201~~
Suite, Apt. #, etc.
A-201

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL
Zip
32819
Country - USA
~~ORANGE~~

City & State
ORLANDO, FL
Zip
32819
Country - USA
~~ORANGE~~

4. FEI Number 65-0524296
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, EUGENE A
5758 MASTERS BLVD
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name
EUGENE A. JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
6230 MASTERS BLVD
A-201
City - ORLANDO FL Zip Code 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eugene Johnson* Eugene Johnson 1/19/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, EUGENE A 5758 MASTERS BLVD ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, LINDA K 5758 MASTERS BLVD ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6230 MASTERS BLVD A201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6230 MASTERS BLVD. A-201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene Johnson* **SIGNATURE REQUIRED Eugene Johnson** 1/19/2003
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)