## 2003 FOR PROFIT CORPORATION

## FILED May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P94000074569 DOCUMENT # 05-05-2003 90255 031 \*\*\*158.75 1. Entity Name DERUBERTIS SOFTWARE SYSTEMS, INC. Mailing Address Principal Place of Business 109 MAIN STREET 109 MAIN STREET WINDERMERE FL 34786 WINDERMERE FL 34786 บร 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FÉI Number 65-0548265 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DERUBERTIS, PATRICIA UHL Street Address (P.O. Box Number is Not Acceptable) 109 MAIN STREET WINDERMERE FL 34786 Zip Code City 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. PATRICIA UHL DERUBGRTE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE BRAND, LORI ANN 109 HAIN STREET WINDER MERG, FL 34786 NAME DERUBERTIS, PATRICIA UHL NAME STREET ADDRESS 109 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINDERMERE FL 34786** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

☐ Delete

BUILTED PATERIA WAL DEBUMETS 5/1/03

800-411-7213

☐ Addition

☐ Change

CR2E034 (10/02)