

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90081 037 ***150.00

DOCUMENT # P94000081007

1. Entity Name

SYSTEM SOFTWARE SOLUTIONS, INC.

Principal Place of Business

**3097 ROWE STREET, N.E.
 PALM BAY FL 32905**

Mailing Address

**3097 ROWE STREET, N.E.
 PALM BAY FL 32905**

2. Principal Place of Business

4400 Canard Road

Suite, Apt. #, etc.

3. Mailing Address

4400 Canard Road

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip **32934**

Country **USA**

City & State

Melbourne FL

Zip **32934**

Country **USA**

4. FEI Number

59-3304322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOROSSETTI, MARY E

**3097 ROWE STREET, N.E.
 PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name

Mary E. Morosetti

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

4400 Canard Road

City

Melbourne

FL

Zip Code

32934

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

M. Morosetti

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

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, 2002 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 **P** ☐ Delete
 NAME **MOROSSETTI, MICHAEL R**
 STREET ADDRESS **3097 ROWE STREET, N.E.**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Michael R Morosetti**
 STREET ADDRESS **4400 Canard Road**
 CITY-ST-ZIP **Melbourne, FL 32934**

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-01 (321) 427-1000

Date

Daytime Phone #

CR2E034 (9/01)