

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000004351

1. Entity Name
PROCESS FOCUS SOFTWARE, INC.

| | |
|---|---|
| Principal Place of Business 555 LUCERNE AVENUE TAMPA FL 33606 | Mailing Address 555 LUCERNE AVENUE TAMPA FL 33606 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3288504 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE

 CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

Name
MICHAEL SIMMONS J
 Street Address (P.O. Box Number is Not Acceptable)
555 LUCERNE AVE

 City
TAMPA FL Zip Code
33606

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 **MICHAEL SIMMONS** **04/12/2001**
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, 2001 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 | <input type="checkbox"/> Delete |
| NAME SIMMONS MICHAEL J. | |
| STREET ADDRESS 555 LUCERNE AVE | |
| CITY-ST-ZIP TAMPA FL | |
| TITLE V | <input type="checkbox"/> Delete |
| NAME SIMMONS JENNIFER L | |
| STREET ADDRESS 555 LUCERNE AVENUE | |
| CITY-ST-ZIP TAMPA FL 33606 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL J SIMMONS **P** **04/12/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)