

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90139 019 ***150.00

DOCUMENT # P95000027789

1. Entity Name
ANTARES SOFTWARE, INC.

Principal Place of Business

**1115 BASALONA DR
 ROCKLEDGE FL 32955**

Mailing Address

**P O BOX 560805
 ROCKLEDGE FL 32956**

2. Principal Place of Business

717 ROCKLEDGE DR

Suite, Apt. #, etc.

3. Mailing Address

PO Box 560805

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL

City & State

ROCKLEDGE FL

4. FEI Number

59-3306765

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

32956

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HANCOCK, BRUCE S
 717 ROCKLEDGE DR
 ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name **BRUCE S HANCOCK**

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

717 ROCKLEDGE DR

City **ROCKLEDGE**

FL

Zip Code

32955

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 *Bruce S Hancock*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/02

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, 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HANCOCK, VICKI M**
 CITY-ST-ZIP **1115 BASALONA DR
 ROCKLEDGE FL 32955**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HANCOCK, BRUCE S**
 CITY-ST-ZIP **1115 BASALONA DR
 ROCKLEDGE FL 32955**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☒ Change ☐ Addition
 NAME **HANCOCK, VICKI M**
 STREET ADDRESS **717 ROCKLEDGE DR**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☒ Change ☐ Addition
 NAME **HANCOCK, BRUCE S**
 STREET ADDRESS **717 ROCKLEDGE DR**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

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

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

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: *Bruce S Hancock*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/02

Date

321-634-1833

Daytime Phone #

0203131 AT

CR2E034 (9/01)