

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90040 004 \*\*\*150.00

0130770 AV

**DOCUMENT # P95000072504**

1. Entity Name  
**NIMBLE SOFTWARE, INC.**

Principal Place of Business  
**2303 W. MCNAB RD.**  
**SUITE 11**  
**POMPANO BEACH FL 33069**

Mailing Address  
**2303 W. MCNAB RD.**  
**SUITE 11**  
**POMPANO BEACH FL 33069**



2. Principal Place of Business  
**409 W. Hallandale Bch Blvd**  
 Suite, Apt. #, etc.  
**203**

3. Mailing Address  
**409 W. Hallandale Bch Blvd**  
 Suite, Apt. #, etc.  
**203**

DO NOT WRITE IN THIS SPACE

City & State  
**Hallandale, FL**  
 Zip  
**33009**  
 Country  
**Broward**

City & State  
**Hallandale Bch, FL**  
 Zip  
**33009**  
 Country  
**Broward**

4. FEI Number  
**65-0609227**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELDSTEIN, JASON**  
**5881 CHESTER LANE**  
**DAVIE FL 33331**

New Address:

Name  
**JASON FELDSTEIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3500 Mystic Pointe Dr - Apt 3807**  
**Avon Aventura FL**  
 City  
**FL** Zip Code  
**33180**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FELDSTEIN, JASON B.</b>	
STREET ADDRESS	<b>5881 CHESTER LANE</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>FELDSSTIEN, BARBARA M</b>	
STREET ADDRESS	<b>5881 CHESTER LANE</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Barbara Feldstein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/02*  
 Date

*954 680-9600*  
 Daytime Phone #

CR2E034 (9/01)