

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

0310044

DOCUMENT # P95000080939

1. Entity Name

MOSAIC SOFTWARE INC.

03-07-2001 90170 001 ***150.00
03-07-2001 90170 002 *****8.75

Principal Place of Business

**5440 NW 33RD AVE
STE 100
FORT LAUDERDALE FL 33309
US**

Mailing Address

**5440 NW 33RD AVE
STE 100
FORT LAUDERDALE FL 33309
US**

2. Principal Place of Business

800 Fairway Dr

3. Mailing Address

800 Fairway Dr

Suite, Apt. #, etc.

Suite 198

Suite, Apt. #, etc.

Suite 198

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. FEI Number

65-0613823

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DREYER, JOHANN
7300 ANNAPOLIS LN
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 **D** ☐ Delete
NAME **DREYER, JOHANN**
STREET ADDRESS **7300 ANNAPOLIS LN**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHANN DREYER

1/31/01

Date

954-426-1190

Daytime Phone #

CR2E034 (10/00)