

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097908

1. Entity Name

WE CARE SOFTWARE, INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90015 028 \*\*\*150.00

Principal Place of Business

Mailing Address

SPURWOOD COURT  
FL 335111103 SPURWOOD COURT  
BRANDON FL 33511-8803

← stays the same!



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1365 Oakfield Drive  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Brandon, Florida

City &amp; State

4. FEI Number 59-3353252

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

Country

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

KALISH, WILLIAM ESQ.  
101 E. KENNEDY BLVD.  
SUITE 4100  
TAMPA FL 33602

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 D  
NAME SCHIRMER, PETER  
STREET ADDRESS 1103 SPURWOOD COURT  
CITY-ST-ZIP BRANDON FL 33511 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
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NAME  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)