

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/11/02--01053--013

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000001360

1. Entity Name
POWERCERV CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400 N. Ashley Drive Suite, Apt. #, etc. Suite 2675 City & State Tampa, Florida Zip 33602		3. Mailing Address 400 N. Ashley Drive Suite, Apt. #, etc. Suite 2675 City & State Tampa, Florida Zip 33602	
Country US	Country US		

4. FFI Number 59-3350778	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

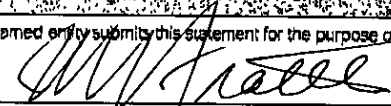
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7. Name and Address of Current Registered Agent

Name
Marc Fratello

Street Address (P.O. Box Number is Not Acceptable)
400 N. Ashley Drive
Suite 2675
City
Tampa FL Zip Code
33602

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  **6/27/02**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE CEO	NAME Marc Fratello STREET ADDRESS 400 N. Ashley Dr., Suite 2675 CITY-ST-ZIP Tampa, Florida 33602
TITLE CFO	NAME Aria Siplin STREET ADDRESS 400 N. Ashley Dr., Suite 2675 CITY-ST-ZIP Tampa, Florida 33602
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **6/27/02 (813) 226-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Aria Siplin, Chief Financial Officer

CR2E004B (12/01)

2/7/02