

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000015471**1. Entity Name
SOFTWARE DYNAMICS, INC.

Principal Place of Business 3785 LAURENS AVENUE VALKARIA 32950	FL	Mailing Address 3785 LAURENS AVENUE VALKARIA 32950	FL
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2. Principal Place of Business 304 W. CORAL TRACE CIRCLE	3. Mailing Address 304 W. CORAL TRACE CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
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Zip 33445	Country US	Zip 33445	Country US
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4. FEI Number 59-3371954	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLOMBARDI MICHAEL
3785 LAURENS AVENUEVALKARIA FL
32950 US**7. Name and Address of New Registered Agent**Name
LOMBARDI MICHAELStreet Address (P.O. Box Number is Not Acceptable)
304 W. CORAL TRACE CIRCLECity
DELRAY BEACH FL Zip Code
33445

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 _____ DATE **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PDST	<input type="checkbox"/> Delete
NAME	LOMBARDI MICHAEL	
STREET ADDRESS	3785 LAURENS AVE	
CITY-ST-ZIP	VALKARIA FL 32950	

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
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI MICHAEL	
STREET ADDRESS	304 W. CORAL TRACE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: Michael Lombardi

Pres 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)