

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90027 006 ***150.00

DOCUMENT # P96000017985

1. Entity Name
DIGITAL SOFTWARE SYSTEMS, INC.

Principal Place of Business

3505 FRONTAGE RD.
SUITE 360
TAMPA FL 33607
US

Mailing Address

3505 FRONTAGE RD.
SUITE 360
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3364288**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROUGHTON, DONALD E.
18330 CYPRESS VIEW WAY
TAMPA FL 33647

Name

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

907 Allegro Lane

City

Apollo Beach

FL

Zip Code
33572

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BROUGHTON, DONALD E**
STREET ADDRESS **18330 CYPRESS VIEW WAY**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **907 Allegro Lane**
CITY-ST-ZIP **Apollo Beach, FL 33572**

TITLE **STD** ☐ Delete
NAME **BROUGHTON, LINDA M**
STREET ADDRESS **18330 CYPRESS VIEW WAY**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **907 Allegro Lane**
CITY-ST-ZIP **Apollo Beach, FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813
3-15-02 4288-9889

CR2E034 (9/01)