

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90045 019 \*\*\*150.00

**DOCUMENT #** P96000831254 (1) &  
**1. Entity Name**  
 Colonial Software Services, Inc.

**Principal Place of Business** 7545 N. Kendall Dr.  
 Miami, FL 33156  
**Mailing Address** One Commerce St.  
 Montgomery, AL 36104

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0707760  
 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 South Pine Island Rd.  
 Plantation, FL 33324

**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, 2000 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	Director	<input type="checkbox"/> Delete
NAME	W. Flake Dakley	
STREET ADDRESS	One Commerce St., Montgomery, AL	
CITY-ST-ZIP	36104	
TITLE	VP	<input type="checkbox"/> Delete
NAME	David Reimer	
STREET ADDRESS	One Commerce St., Montgomery, AL	
CITY-ST-ZIP	36104	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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:** *David Reimer* **DAVID REIMER** 5/23/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)