

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90047 035 ***150.00

DOCUMENT # P96000031471

1. Entity Name
SOFT-SOLUTIONS, INC.

Principal Place of Business 11018-113 OLD ST. AUGUSTINE ROAD 155 JACKSONVILLE FL 32257 US	Mailing Address 11018-113 ST. AUGUSTINE ROAD 155 JACKSONVILLE FL 32257 US
--	--

704100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 950-23 BLANDING BLVD	3. Mailing Address 950-23 BLANDING BLVD
---	---

Suite, Apt. #, etc. PMB 356	Suite, Apt. #, etc. PMB 356
---------------------------------------	---------------------------------------

City & State ORANGE PARK, FL	City & State ORANGE PARK, FL
--	--

4. FEI Number 59-3373019	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 32065	Country USA	Zip 32065	Country USA
---------------------	-----------------------	---------------------	-----------------------

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

**BLAKESLEE, ANDREW L
 566 BRANSCOMB RD
 GREEN COVE SPRINGS FL 32043**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code

FL

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

1-15-2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PSTD	BLAKESLEE, ANDREW L	566 BRANSCOMB RD	GREEN COVE SPRINGS FL 32043	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

1-15-2001

Date

904/291-8701

Daytime Phone #

CR2E034 (10/00)