

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039005

1. Entity Name

DESKTOP APPLICATIONS, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90017 043 ***150.00

Principal Place of Business

5201 NW 62ND COURT
 GAINESVILLE FL 32653

Mailing Address

5201 NW 62ND COURT
 GAINESVILLE FL 32653

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

59-3374690

Applied For

Not Applicable

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

BERKELHAMMER, ALAN D
 5201 NW 62ND COURT
 GAINESVILLE FL 32653

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
 NAME **BERKELHAMMER, ALAN D**
 STREET ADDRESS **5201 NW 62ND COURT**
 CITY-ST-ZIP **GAINESVILLE FL 32653**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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)(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:

Alan D. Berkelhammer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00
 Date

352 378-8867
 Daytime Phone #

CR2E034 (5/00)

Attachment
pg 6 0000 39 005
B0106008

Desktop Applications, Inc.
5201 NW 62nd Court
Gainesville, FL 32653
FEI No: 59-3374690
(352) 373-8867

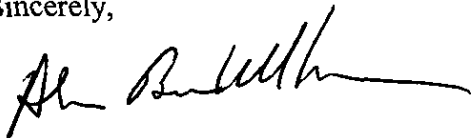
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find our Year 2000 Corporate Business Report. We did not receive the first notice form. Therefore, after a recent telephone conversation with someone in your office, I respectfully request that you waive the late fee and accept the enclosed check in the amount of \$150.00.

I will mark my calander for next year so I may contact you before May if we again do not receive this form.

Sincerely,



Alan Berkelhammer, Pres.