## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

address, with all of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P96000045255 Mar 31, 2000 8:00 am 1. Entity Name CARLTON SOFTWARE TECHNOLOGIES, INC. **Secretary of State** 03-31-2000 90075 006 \*\*\*150.00 Principal Place of Business Mailing Address 5427 SAGO PALM COURT 5427 SAGO PALM COURT ORLANDO FL 32819-7174 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3382420 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLINKATSIS, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 5427 SAGO PALM CT. ORLANDO FL 32819 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition □ Delete TITLE TITLE KLINKATSIS, ANTHONY MAME NAME STREET ADDRESS 5427 SAGO PALM CT. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurate any supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if or Block 12 if the production of the corporation of the cor