

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90266 020 ***155.00

DOCUMENT # P96000065720

1. Entity Name
TOTAL SOFTWARE SOLUTIONS, INC.

Principal Place of Business
 8875 HIDDEN RIVER PARKWAY
 SUITE 170, LAKEVIEW BUILDING
 TAMPA FL 33637
 US

Mailing Address
 8875 HIDDEN RIVER PARKWAY
 SUITE 170, LAKEVIEW BUILDING
 TAMPA FL 33637
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3402578**

Applied For
 Not Applicable

Zip Country

Zip Country

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

BROWNE, MICHAEL
802 CHIPAWAY DRIVE
APOLLO BEACH FL 33672

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	BROWNE, MICHAEL A	
STREET ADDRESS	802 CHIPAWAY DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	DSA	<input type="checkbox"/> Delete
NAME	PARKANSKY, LINDA M	
STREET ADDRESS	802 CHIPAWAY DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
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		

TITLE	P + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL A. BROWNE	
STREET ADDRESS	802 CHIPAWAY DRIVE	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKANSKY, LINDA M	
STREET ADDRESS	802 CHIPAWAY DRIVE	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
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 *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. BROWNE
PRESIDENT + CEO
 Date **01/31/01** Daytime Phone # **813 972-4514**

CR2E034 (10/00)