

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085428

1. Entity Name

WILLIAMS SOFTWARE, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90115 005 \*\*\*150.00

Principal Place of Business

Mailing Address

20547 OLD CUTLER ROAD  
SUITE 222  
MIAMI FL 33189

20423 STATE RD 7  
SUITE 119  
BOCA RATON FL 33498-6797  
US

2. Principal Place of Business

3. Mailing Address

2300 CORPORATE BLVD

20423 STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S/141

PMB 309

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33431

PALM BEACH

33498

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0708326

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

DELISI, WILLIAM J  
20423 STATE RD 7

~~SUITE 121~~

BOCA RATON FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

PMB 309

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DETC DP	<input type="checkbox"/> Delete
NAME	DELISI, WILLIAM J	
STREET ADDRESS	20423 STATE RD 7, #309	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DVSC	<input checked="" type="checkbox"/> Delete
NAME	SERGIO, WILLIAM	
STREET ADDRESS	20547 OLD CUTLER ROAD, SUITE 222	
CITY-ST-ZIP	MIAMI FL	
TITLE	DOTC	<input type="checkbox"/> Delete
NAME	JAMES BAKER	
STREET ADDRESS	PO BOX 912286	
CITY-ST-ZIP	BOCA RATON, FL 33481	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	MARC RIPPEN	
STREET ADDRESS	9880 ROBINS NEST ROAD	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZ REIBLING	
STREET ADDRESS	1350 E. NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20423 STATE RD 7, #309	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES D. BAKER 4/13/00 561-893-9819

CR2E034 (9/99)