

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086554

1. Entity Name

PORTABLE SOFTWARE SOLUTIONS, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90014 014 \*\*\*158.75

Principal Place of Business

1016-C E JOHN SIMS PKWY  
NICEVILLE FL 32578  
US

Mailing Address

1016C E JOHN SIMS PKWY  
NICEVILLE FL 32578-2202  
US

2. Principal Place of Business

7009 BENTON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7009 BENTON DRIVE

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

4. FEI Number

59-3408518

Applied For

Not Applicable

Zip

32404

Country

BAY

Zip

32404

Country

BAY

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

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVE.  
28TH FLOOR  
MIAMI FL 33131

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 \$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

TITLE P  
NAME KENNY, JOHN  
STREET ADDRESS 52-54 SOUTHWARK ST  
CITY-ST-ZIP LONDON EN ☐ Delete

TITLE VPST  
NAME MAGUIRE, BRYAN J  
STREET ADDRESS 52-54 SOUTHWARK ST  
CITY-ST-ZIP LONDON EN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Bryan Maguire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN MAGUIRE

3 April 2000 850-874-0875

Date

Daytime Phone #