

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90360 032 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **996000094649**

1. Entity Name

Blue Heron Software Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1361 SW 17th St
Suite, Apt. #, etc.

3. Mailing Address
1361 SW 17th St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number
65-0709837

Applied For
Not Applicable

Zip
33486

Country
USA

Zip
33486

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

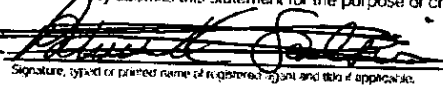
Name **Patrick Salsich**

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

1361 SW 17th St

City **Boca Raton** FL Zip Code **33486**

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's signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
PATRICK K Salsich
1361 SW 17th St
Boca Raton FL 33486**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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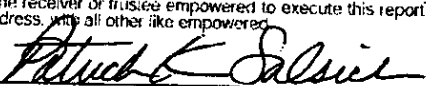
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

561-394-5187

Date

Daytime Phone #

CR2E034B (12/01)