Apr-05-00 10:22A PERFECTLY BALANCED BOOKS 727

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90085 022 ***150.00

DOCUMENT # ~~P96000039388~~ P96000098935

1. Entity Name
KODIAK SOFTWARE, INC.

Principal Place of Business: 832 NARCISSUS AVE
CLEARWATER, FL 33767-1336326

Mailing Address:

2. Principal Place of Business
Street, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Street, Apt. #, etc.
City & State
Zip | Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3414285 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] Additional Fee Required

6. Name and Address of Current Registered Agent
JACK BROAD
832 NARCISSUS AVE
CLEARWATER, FL 33767

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. The above corporation consents to designation of the registered office or registered agent, or both, in the State of Florida.

SIGNATURE: (Signature of Corporate Officer or Registered Agent) (NAME: Type or Print Signature exactly as it appears above) DATE

9. This corporation is eligible to electronically submit the Fee Filing requirement and elects to perform (Check only one box) [ ]

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 [ ] May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Delete

JACK BROAD
832 NARCISSUS AVE
CLEARWATER, FL 33767

[ ] Delete

SUE BROAD
832 NARCISSUS AVE
CLEARWATER, FL 33767

[ ] Delete

[ ] Delete

[ ] Delete

[ ] Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] 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 is added in Block 12 if an addition.

SIGNATURE: Susan Broad 4/7/00
(Signature of Corporate Officer or Director) Date Daytime Phone #