

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098935

1. Entity Name
KODIAK SOFTWARE, INC.

Principal Place of Business
832 NARCISSUS AVENUE
CLEARWATER FL 34630

Mailing Address
832 NARCISSUS AVENUE
CLEARWATER FL 34630

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip _____ Country _____

Zip _____ Country _____

4. FEI Number 59-3414285

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
NAME BROAD, JACK
STREET ADDRESS 832 NARCISSUS AVENUE
CITY-ST-ZIP CLEARWATER FL 34630

Delete

TITLE D
NAME BROAD, SUSAN
STREET ADDRESS 832 NARCISSUS AVENUE
CITY-ST-ZIP CLEARWATER FL 34630

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

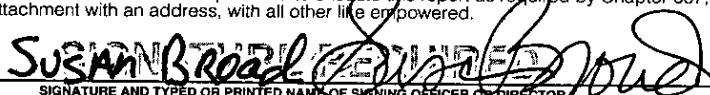
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

CF2E034 (4/02)

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/02

Date Daytime Phone #

Attachment

KODIAK SOFTWARE, Inc.
832 Narcissus Ave.
Clearwater, FL 33767
Ph: 727-442-8324 Fax: 727-443-1184

July 26, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Regarding: Kodiak Software, Inc – Doc.# P96000098935

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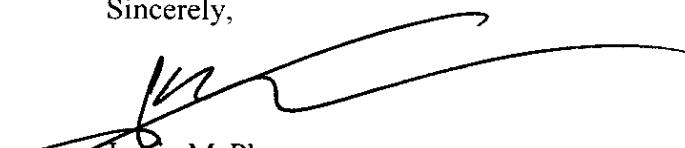
To Whom It May Concern:

My name is James McPhee and I have been hired to handle the financial matters for Kodiak Software, Inc. I have discovered that Kodiak Software, Inc. never received their original Annual Dues Report from the Postmaster. There have been problems with mail delivery at this address. Fortunately the 2nd notice was received, which brought to our attention that the dues were not paid.

Would you please have the late fees waived as we, unfortunately, did not receive the 1st notice of the Annual Report from your office regarding the corporate annual dues. I have enclosed a check for the original amount due of \$150.00 for the 2002 annual dues.

If you have any questions please either write or if you wish to call me the best number to reach me at is 727-445-9707. Thank you in advance for your assistance in this matter.

Sincerely,


Jamie McPhee
Kodiak Software, Inc.