

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000103748**

1. Entity Name

**PF1 SOFTWARE DEVELOPMENT, INC.****FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90450 036 \*\*\*150.00

Principal Place of Business

4702 W COMANCHE AVE  
TAMPA FL 33614  
US

Mailing Address

4702 W COMANCHE AVE  
TAMPA FL 33647**00031964**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4702 W Comanche Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Tampa FL

4. FEI Number 59-3418318

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33614

US

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

GOLD, AARON J  
704 WEST BAY STREET  
TAMPA FL 33606

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, 2001 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 PS  
NAME BAUER, MICHAEL W  
STREET ADDRESS 9907 CYPRESS SHADOW AVE  
CITY-ST-ZIP TAMPA FL ☐ DeleteTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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

3/26/01

Date

913-997-3172

Daytime Phone #

CR2E034 (10/00)