

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009566

1. Entity Name  
BAM SOFTWARE, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
05-02-2001 90039 007 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 8623 VIVIAN BASS WAY ODESSA FL 33556	Mailing Address P.O. BOX 270475 TAMPA FL 33688-0475
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <u>59-0425877</u>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
MCVEIGH, FRANCIS J 8623 VIVIAN BASS WAY ODESSA FL 33556	Name
	Street Address (F
	City

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FEI # IS INCORRECT  
SHOULD BE  
59-3425877

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of Sta</b>
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11. OFFICERS AND DIRECTORS		12.	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	MCVEIGH, J	NAME	
STREET ADDRESS	8623 VIVIAN BASS WAY	STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Francis J. McVeigh 4/27/01 813-926-9462  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)