

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90166 011 ***150.00

DOCUMENT # P97000017142

1. Entity Name

PALM BEACH SOFTWARE, INC.

Principal Place of Business

Mailing Address

**105 NORTH COUNTY ROAD
 PALM BEACH FL 33480**

**105 NORTH COUNTY ROAD
 PALM BEACH FL 33480-3952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0792894

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

~~LEBEDEKER, MICHAEL D
 711 N. FLAGLER DRIVE
 WEST PALM BEACH FL 33401~~

Name

TIMOTHY H. KENNEY

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

120 Butler Street, Ste. B

City

West Palm Beach

FL

Zip Code

33407

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

TIMOTHY H. KENNEY

2/3/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 *way*
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
LEIBERMAN, KEVIN
 STREET ADDRESS **105 NORTH COUNTY ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
GREENE, PETER A
 STREET ADDRESS **105 NORTH COUNTY ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐
 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 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 **PETER A. GREENE**

Date

Daytime Phone #

AT JAN 2000