

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018471

1. Entity Name

SOFTWARE DOCTORS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90049 002 ***150.00

Principal Place of Business

Mailing Address

RIVER PINES CT
FL 32825

P O BOX 273897
TAMPA FL 33688-3897
US

2. Principal Place of Business

3. Mailing Address

110 South Melville Ave
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL
Zip 33606 Country Hillsborough

Zip

Country

4. FEI Number

59-3431356

Applied For

Not Applicable

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

AMAN, JEFFREY A
14502 N. DALE MABRY HIGHWAY, SUITE 300
TAMPA FL 33618

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BROOKS, P MITCHELL	17150 LAKESHORE ROAD LUTZ FL 33549				
	D	MITCHELL, SCOTT L	7110 WRENWOOD WAY WINTER PARK-FL 32792				

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

Date

Daytime Phone #

Brooks P. Mitchell April 6, 2000 961-6084

CR2E034 (9/99)