

# 72050 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT # P97000019480

1. Entity Name

PROSOFT SOLUTIONS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 17 PM 12:35

Principal Place of Business

12700 Dupont Circle  
Tampa, FL 33626

Mailing Address

12700 Dupont Circle  
Tampa, FL 33626

2. Principal Place of Business

15310 Amberly Drive

3. Mailing Address

15310 Amberly Drive

Suite, Apt. #, etc.

Suite 165

Suite, Apt. #, etc.

Suite 165

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3430012

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

Boyanapalli, Venkata S.  
12700 Dupont Circle  
Tampa, FL 33626

Name

Kidambi, Raghavacharvulu

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

15310 Amberly Drive

Suite 165

City

Tampa

FL

Zip Code  
33647

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

*K. Raghavacharvulu*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/8/00

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

TITLE P  
NAME Boyanapalli, Venkata S.  
STREET ADDRESS 12700 Dupont Circle  
CITY-ST-ZIP Tampa, FL 33626 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 300003492603  
STREET ADDRESS -12/11/00--01005--003  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Addition

TITLE D  
NAME Kidambi, Raghavacharvulu  
STREET ADDRESS 10225 Timberland Point Drive  
CITY-ST-ZIP Tampa, FL 33647 ☐ Change ☒ Addition

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

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

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

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.

SIGNATURE:

*K. Raghavacharvulu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raghavacharvulu Kidambi, Director and C.E.O.

10/19/00

Date

(813) 505-9954

Daytime Phone #

CR2E034 (9/99)