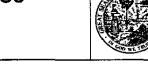
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000019480

1. Entity Name PROSOFT SOLUTIONS INC



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90200 025 ***150.00

Principal Place of Business 10225 TIMBER LAND PT TAMPA FL 33647 US		Mailing Address 10225 TIMBER LAND PT SUITE 165 TAMPA FL 33647 US				
2. Principal Place of Business		3. Mailing Address		A LOOKINGE I'M EASIN EARIN BOWN BOWN BOWN BOWN	10 10111 01001 10111 DE11 IE01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3430012	Applied For Not Applicable	
Zip	Country	Zip	Country		88.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
RAGHAVACHARYULU, KIDAMBI 10225 TIMERLAND POINTE DR. TAMPA FL 33647			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)		
	-	,	City	FL	Zip Code	
	ions of registered agent.			stered agent, or both, in the State of Florida. 1 am fa	miliar with, and accept	
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating) DATE		
Afte	ILE NOW!!!. FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department	0	للفأة المحجيد الكرمين يختصه	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME	VP VENKATA, BOYANAPALLLI 12700 DUPONT CIRCLE TAMPA FL 33626	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition (0)(0)(1)	
TITLE	PS	☐ Delete	TITLE		☐ Change ☐ Addition	

STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NAME

TITLE

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

KIDAMBI, RAGHAVACH

TAMPA FL 33647

10225 TIMBERLAND POINTE DR

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

☐ Delete

813-872-2788

☐ Change

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☐ Addition

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