

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90185 044 ***150.00

DOCUMENT # P97000029841

1. Entity Name
ACTIVESOFT, INC.

84

Principal Place of Business

6252 NW 36TH TER
 GAINESVILLE FL 32653

Mailing Address

5200 NW 43RD STREET
 STE 102-111
 GAINESVILLE FL 32606
 US

2. Principal Place of Business

10504 SW 17 PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

4. FEI Number **59-3439283**

Applied For

Not Applicable

Zip

32607

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

ANDRAKA, BOHDAN
6252 NW 36TH TER
GAINESVILLE FL 32653

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	ANDRAKA, BOHDAN
NAME	ANDRAKA, BOHDAN	NAME	ANDRAKA, BOHDAN
STREET ADDRESS	6252 NW 36TH TER	STREET ADDRESS	10504 SW 17 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D	TITLE	ANDRAKA, MALGORZATA
NAME	ANDRAKA, MALGORZATA	NAME	ANDRAKA, MALGORZATA
STREET ADDRESS	6252 NW 36TH TER	STREET ADDRESS	10504 SW 17 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32653	CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	D	TITLE	
NAME	MASLANKA, BARTOSZ	NAME	
STREET ADDRESS	4410 NW 21ST TER.	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bohdan Andra **BOHDAN ANDRAKA**

Date

4-28-01

Daytime Phone #

(352)331-1373

CR2E034 (10/00)