

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000042629** ✓

1. Entity Name

Really Great Software Works, Inc.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90018 028 ***150.00

021020

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

8319 W. Pocahontas Ave.

Suite, Apt. #, etc

3. Mailing Address

8319 W. Pocahontas Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615-2820

Country

U.S.A.

City & State

Tampa, FL

Zip

33615-2820

Country

U.S.A.

4. FEI Number

59-3447112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Wilkinson, George

8319 W. Pocahontas Ave.

Tampa, FL 33615-2820

7. Name and Address of New Registered Agent

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

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Wilkinson, George
8319 W. Pocahontas Ave.
Tampa, FL 33615-2820

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CITY-ST-ZIP

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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

George D. Wilkinson 3/21/00 (813) 884-4437

Date

Daytime Phone #

CR2E034 (9/99)