

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053007

1. Entity Name

MODERN SOFTWARE DESIGN, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90036 033 ***558.75

Principal Place of Business

5335 STAGECOACH TRAIL
 GULF BREEZE FL 32561
 US

Mailing Address

5335 STAGECOACH TRAIL
 GULF BREEZE FL 32561
 US

2. Principal Place of Business

5311 STAGE COACH TRL

3. Mailing Address

5311 STAGECOACH TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

4. FEI Number

59-3459066

Applied For

Not Applicable

Zip

Country

32561

Zip

Country

32561

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SROUFEK, BRIAN A
 5335 STAGECOACH TRAIL
 GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name MELISSA E SROUFEK-CARDWELL

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

5311 STAGE COACH TRL

GULF BREEZE

FL

32561

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

Melissa E. Sroufek-Cardwell

9/12/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PTC ☐ Delete
 NAME SROUFEK, BRIAN A
 STREET ADDRESS 5335 STAGECOACH TRAIL
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE VD ☐ Delete
 NAME CARDWELL, MELISSA
 STREET ADDRESS 5335 STAGECOACH TRAIL
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ~~D~~ ☒ Delete
 NAME DRAVES, MARY
 STREET ADDRESS 5335 STAGECOACH TR
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ~~SECRETARY~~ ☐ Delete
 NAME ~~SROUFEK, BELKY~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
 NAME SECRETARY
 STREET ADDRESS SROUFEK, BELKY
 CITY-ST-ZIP 2211 12th Street
 Sacramento, CA 95818

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Melissa E. Sroufek-Cardwell

9/12/00

850-206-7204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)