## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

**SIGNATURE:** 

## Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P9700064208** TWOS COMPLEMENT SOFTWARE CONSULTING, INC. 04-23-2000 90037 012 \*\*\*150.00 Principal Place of Business Mailing Address 1200 PINE AVENUE NW 1200 PINE AVENUE NW LARGO FL 33708-2319 LARGO FL 33770 1 3. Mailing Address 2. Principal Place of Business 906 BAY POINT DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3461142 DEIRA BEACH NADEIRA BEACH, FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EARLE, MARC Box Number is Not Acceptable) 1200 PINE AVENUE NW **LARGO FL 33770** purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above na entity submits this s SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Change ☐ Addition **DPT** Delete TITLE TITLE EARLE, MARC NAME STREET ADDRESS 906 BAY POINT DR STREET ADDRESS 1200 PINE AVENUE NW CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH, FL 33708 **LARGO FL 33770** ☐ Addition TITLE Delete TITLE EARLE, KYMBERLY NAME NAME 906 BAY POINT DR MADEIRA BEACH, FL STREET ADDRESS STREET ADDRESS 1200 PINE AVENUE NW CITY-ST-ZIP CITY-ST-7IP LARGO FL 33770 Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZJP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 receipture or trustee appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if d o execute Ill other like t