

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109039

1. Entity Name

CUSTOM SOFTWARE ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90022 041 ***150.00

Principal Place of Business

113 NEEDLEWOOD LOOP
DEBARY FL 32713

Mailing Address

113 NEEDLEWOOD LOOP
DEBARY FL 32713-2235

2. Principal Place of Business

1833 Halstead Blvd.

3. Mailing Address

1833 Halstead Blvd.

Suite, Apt. #, etc.

Apt. 316

Suite, Apt. #, etc.

Apt. 316

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

USA

Zip

32308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, WILLIAM C II
113 NEEDLEWOOD LOOP
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

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

1833 Halstead Blvd.

Apt. 316

City

Tallahassee

FL

Zip Code

32308

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

TITLE **P** ☐ Delete
NAME **LEWIS, WILLIAM C II**
STREET ADDRESS **113 NEEDLEWOOD LOOP**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 **1833 Halstead Blvd. Apt. 316**
CITY-ST-ZIP **Tallahassee, FL 32308**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

William C. Lewis II **William C. Lewis II**

4/24/2000

850-212-6137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)