

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 14, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000109039**1. Entity Name  
CUSTOM SOFTWARE ASSOCIATES, INC.

## Principal Place of Business

1833 HALSTEAD BLVD  
APT 316  
TALLAHASSEE  
32308

FL

## Mailing Address

1833 HALSTEAD BLVD  
APT 316  
TALLAHASSEE  
32308

FL

2. Principal Place of Business  
82 WAPPING WOOD ROAD3. Mailing Address  
82 WAPPING WOOD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ELLINGTON

CT

City & State  
ELLINGTON

CT

4. FEI Number  
59-3483369

Applied For

Not Applicable

Zip  
06029

Country

Zip  
06029

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LEWIS WILLIAM CII  
1833 HALSTEAD BLVD  
APT 316  
TALLAHASSEE  
32308

FL

US

## 7. Name and Address of New Registered Agent

Name

LEWIS MARLENE M

Street Address (P.O. Box Number is Not Acceptable)  
159 WEST ELM DRIVECity  
ORANGE CITY

FL

Zip Code  
32763

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 **MARLENE M. LEWIS**

04/14/2001

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

TITLE P ☐ Delete  
NAME LEWIS WILLIAM CII  
STREET ADDRESS 1833 HALSTEAD BLVD., APT 316  
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME LEWIS WILLIAM CII  
STREET ADDRESS 82 WAPPING WOOD ROAD  
CITY-ST-ZIP ELLINGTON CT 06029TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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**

P

04/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)