

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000006107**1. Entity Name  
**HEART & SOLE SOFTWARE INC.**Principal Place of Business  
P O BOX 8794  
NAPLES FL 34101  
Mailing Address  
P O BOX 8794  
NAPLES FL 341012. Principal Place of Business  
Suite, Apt. #, etc.  
3. Mailing Address  
821 MARSTEVEN DR.  
Suite, Apt. #, etc.City & State  
ATLANTA GAZip Country  
341014. FEI Number  
**52-2073243**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BUDDLE ROBERT**  
3207 60 ST SW  
NAPLES FL 34116 US**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 \_\_\_\_\_ **09/08/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	VPT	<input type="checkbox"/> Delete
NAME	AIDMAN CAROLYN	
STREET ADDRESS	1422 LOLA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32399	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BUDDLE ROBERT	
STREET ADDRESS	3207 60 ST., SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIDMAN CAROLYN	
STREET ADDRESS	821 MARSTEVEN DR.	
CITY-ST-ZIP	ATLANTA GA 30306	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDDLE ROBERT	
STREET ADDRESS	3207 60 ST., SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Carolyn Aidman

Pres 09/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)