

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90022 009 ***150.00

DOCUMENT # P98000011891

1. Entity Name
TEAMSOFT TECHNOLOGIES, INC.

Principal Place of Business 7903 TIMBERLINE PARK BLVD. JACKSONVILLE FL 32256	Mailing Address 7903 TIMBERLINE PARK BLVD. JACKSONVILLE FL 32256-1805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9140 GOLFSIDE DRIVE Suite, Apt. #, etc. SUITE # 2 City & State JACKSONVILLE FL	3. Mailing Address 9140 GOLFSIDE DRIVE Suite, Apt. #, etc. SUITE # 2 City & State JACKSONVILLE FL
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4. FEI Number 59-3491960	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired Zip 32256 Country	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KOTA, MURTHY
 10150 BELLE RIVER BLVD
 APT 1010
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 Name **KOTA, MURTHY**
 Street Address (P.O. Box Number is Not Acceptable)
7903 TIMBERLIN PARK BLVD
 City **JACKSONVILLE** FL Zip Code **32256**

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 X.A. Nkwunwu (MURTHY KOTA) DATE 2-3-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTA, MURTHY 7903 TIMBERLIN PARK BLVD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTA, LATHA 7903 TIMBERLIN PARK BLVD JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X.A. Nkwunwu DATE 2-3-2000 DAYTIME PHONE # (904) 448-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR