

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000013170**

1. Entity Name

BACKSOFT CORPORATION**FILED****May 15, 2000 8:00 am**
Secretary of State

05-15-2000 90267 024 ***150.00

Principal Place of Business

5971 CATTLEBRIDGE BLVD
#101
SARASOTA FL 34232
US

Mailing Address

5971 CATTLEBRIDGE BLVD
#101
SARASOTA FL 34232-6048
US

2. Principal Place of Business

6960 PROFESSIONAL PKWY. E

Suite, Apt. #, etc.

SUITE # 100

City & State

SARASOTA FLORIDA

Zip

34240

Country

SARASOTA

3. Mailing Address

6960 PROFESSIONAL PKWY EAST

Suite, Apt. #, etc.

100

City & State

SARASOTA, FL

Zip

34240

Country

SARASOTA

00001411



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0816002

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KASTEL, BERTHOLD F**
STREET ADDRESS **6810 229TH STREET EAST**
CITY-ST-ZIP **BRADENTON FL 34202**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SWIER, RICHARD M JR**
STREET ADDRESS **1522 OAK WAY**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **SIGOURNEY, STEVE T**
STREET ADDRESS **8750 OLDE HICKORY AVENUE #9303**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #