

5/15

FILED

Jun 25, 2001 8:00 am
Secretary of State

05-15-2001 90156 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018731

1. Entity Name

BUSINESS SOFTWARE SYSTEMS, INC.

Principal Place of Business

3724 LILLY ROAD SOUTH
JACKSONVILLE FL 32207

Mailing Address

PO BOX 10866
JACKSONVILLE FL 32247-0866

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3495452

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, DELORES L
1980 W 24TH STREET
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name DeLores L. Lee

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

5608 Tempest ST

City Jacksonville, FL

FL

Zip Code 32264

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 use 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 State10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD
NAME AIKENS, JOYCE K
STREET ADDRESS 3724 LILLY ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ DeleteTITLE VSD
NAME LEE, DELORES L
STREET ADDRESS 3724 LILLY ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ DeleteTITLE VD
NAME STEUP, ROBERT B
STREET ADDRESS 3724 LILLY ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ DeleteTITLE VD
NAME AIKENS, GREGORY
STREET ADDRESS 3724 LILLY ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ DeleteTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME Joyce Aikens Steup (Steup)
STREET ADDRESS 3724 Lilly Rd So
CITY-ST-ZIP Jacksonville FL 32207 ☒ Change ☒ AdditionTITLE ☐ 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 Stephan A. Boka Jr
STREET ADDRESS 3724 Lilly Rd So
CITY-ST-ZIP Jacksonville FL 32207 Vice pres.TITLE ☐ Change ☒ Addition
NAME Yarnick L. Boka
STREET ADDRESS 3724 Lilly Rd So.
CITY-ST-ZIP Jacksonville, FL 32207 Vice pres.

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

4/30/01

Date

(904) 396-5142

Daytime Phone #

CR2E034 (10/00)