DOCUMENT # P98000028620

1. Entity Name

KAY LEE SOFTWARE, INC.

Principal Place 1508 67TH ST. BRADENTON F	. COURT EAS FL 34208	T	Mailing Address 1508 67TH ST. COURT EAST BRADENTON FL 34208 3. Mailing Address							
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State)		City & State			4.	4. FEI Number 65-0825045 Applied For			
Zip	المنظم المستعدد	Country	Zip Country			5.	Certificate of Status Desired		8.75 A	
	6. Name	and Address of Current R	egistered Agent	stered Agent			7. Name and Address of New Registered Agent			
PENROD, F	rt east			Name Street Address (P.O. Box Number is Not Acceptable)						
BRADENTO				City its registered office or registered agen				FL	Zip Cod	de
SIGNATUREs	or printed name of registered agent and printed name of registered agent and pole to satisfy its Intangible and elects to do so.	E: Registere	d Agent signature re IS \$150.00 will be \$550.	equired when re		DATE	\$5.0 Adde	OO May Be		
11.		OFFICERS AND D		12.			Difference of the second			
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI STRE		AL	DITIONS/CHANGES TO OFFICE		DIRECTOF ☐ Change	RS IN 11
NAME STREET ADDRESS	1508 67TH	SHARON K ST. COURT EAST IN FL 34208	☐ Delete				I	[☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			•••]	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		T ADDRESS ST-ZIP	·			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	tify that the i	oformation supplied with the	☐ Delete	CITY-:	T ADDRESS ST-ZIP		19.07(3)(i), Florida Statutes. I fur		Change	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: **4**

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/0

94/-782-555