

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p98000057416 ✓

1. Entity Name

Planet X Software Corporation

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90445 040 ***150.00

00033643

Principal Place of Business

Mailing Address

37 N. Orange Ave.
#1010
Orlando, FL 32801

2. Principal Place of Business

3. Mailing Address

37 N. Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1010

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32801

Orange

4. FEI Number

59-3518753

Applied For

Not Applicable

5. Certificate of Status Desired ☐ -

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 State

10. 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	<u>CEO</u>	<input type="checkbox"/> Delete
NAME	<u>Rajesh Toleti</u>	
STREET ADDRESS	<u>675 Chocktaw St</u>	
CITY-ST-ZIP	<u>Lake Mary, FL 32746</u>	
TITLE	<u>V.P.</u>	<input type="checkbox"/> Delete
NAME	<u>Chakravarthy Toleti</u>	
STREET ADDRESS	<u>675 Chocktaw St</u>	
CITY-ST-ZIP	<u>Lake Mary, FL 32746</u>	
TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Aparna Toleti</u>	
STREET ADDRESS	<u>675 Chocktaw St</u>	
CITY-ST-ZIP	<u>Lake Mary, FL 32746</u>	
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"/> Change <input checked="" 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	<u>Secretary</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<u>Chairman</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Thaddeus Seymour</u>	
STREET ADDRESS	<u>352 Evansdale Road</u>	
CITY-ST-ZIP	<u>Lake Mary, FL 32746</u>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/23/00 407/246-7300

CR2E034 (9/99)