

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058301

1. Entity Name

COLLEGE SOFTWARE, INC.

FILED
Apr 01, 2000 8:00 am
Secretary of State

04-01-2000 90001 044 ***150.00

829357



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

145 TYEE DR., SUITE 1217
PT. ROBERTS WA 98281

145 TYEE DR., SUITE 1217
PT. ROBERTS WA 98281-9602

2. Principal Place of Business

145 Tyee Drive

3. Mailing Address

145 Tyee Drive

Suite, Apt. #, etc.

#1217

Suite, Apt. #, etc.

#1217

City & State

Pt. Roberts, WA

City & State

Pt. Roberts, WA

4. FEI Number

65-0853816

Applied For

Not Applicable

Zip
98281

Country
USA

Zip
98281

Country
USA

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

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BRAUN, PETER
145 TYEE DR., STE 1217
PT. ROBERTS WA 98281 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Braun, Peter
#1217 - 145 Tyee Drive
Pt. Roberts, WA 98281 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Peter Braun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2000

(604)605-0507

Date

Daytime Phone #

CR2E034 (9/99)