

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071549

1. Entity Name

THE SOFTWARE WORKS, INC.

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90012 029 ***150.00

Principal Place of Business

Mailing Address

219 N. NEWMAN STREET
SUITE 400
JACKSONVILLE FL 32202

219 N. NEWMAN STREET
SUITE 400
JACKSONVILLE FL 32202-3227

2. Principal Place of Business

10000 Gate Parkway No
Suite, Apt. #, etc.
#2215

3. Mailing Address

10000 Gate Parkway No
Suite, Apt. #, etc.
#2215

City & State

JAX FL

City & State

JAX, FL

Zip

32246-8214

Country

Duval

Zip

32246-8214

Country

Duval

4. FEI Number

59-3595317
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANNING, G. STEPHEN

219 N. NEWMAN STREET
SUITE 400

JACKSONVILLE FL 32202

32256

9471 Baymeadows Rd
Suite 104

7. Name and Address of New Registered Agent

Name

G. Stephen Manning

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

9471 Baymeadows Rd

Suite 104

City

Jacksonville

FL

Zip Code

32256

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PERRIN, NELSON W
10000 GATE PARKWAY S #2215
JAX FL 32246-8412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00
Date

904-619-2800
Daytime Phone #