

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # **P98000074443**
 1. Entity Name
FI Software Solutions, Inc

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 00 JUL 27 AM 10:18

Principal Place of Business Mailing Address
4305 W. Watrous
Tampa, FL 33629

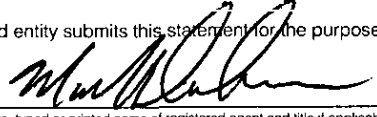
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

09-00 AR
 4. FEI Number
54-1721909

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

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip

7. Name and Address of New Registered Agent
 Name **Mark S. Dickens**
 Street Address **1628 N. 56th St.**
 Suite **15**
 City **Tampa FL 33617**

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  DATE **4-17-00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
TREASURER
James Wohlford
4305 W. Watrous Ave
Tampa FL 33629
PRESIDENT
Lisa Wohlford
4305 W. Watrous Ave
Tampa, FL 33629

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
T
200003349842
-08/08/00--01088--009
*******300.00 *****300.00**

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 12 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

APRIL 28, 2000 813 286 9649
 Date Daytime Phone #

CR2E034 (9/99)

2052

Lisa Wohlford
F1 Software Solutions, Inc
4305 W. Watrous Ave.
Tampa, FL 33629
813 286 9649

Wednesday, June 28, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: F1 Software Solutions, Inc
Ref. Number: P98000074443
Letter Number: 500A00031799

To Whom It May Concern:

-I am writing to request that my late fees be waived. I incorporated my business in the state of Florida in August of 1998. However, I did not receive an Annual Report/Uniform Business Report in 1999 or in 2000. My accountant alerted me this year to send the \$150.00 fee for 2000.

I recently called your office regarding the letter I received from the Division of Corporations and was told to write this letter and send a check for \$300.00 (the fees for both 1999 & 2000). Please let me know if this is unacceptable. You may reach me at 813 286 9649.

~~Thank you for your attention to this matter.~~

Sincerely,



Lisa Wohlford
F1 Software Solutions, Inc