

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90163 016 ***150.00

DOCUMENT # P98000082771

1. Entity Name

SENSIBLE SOFTWARE SOLUTIONS, INC.

Principal Place of Business

**141 NE 30 STREET
 FT LAUDERDALE FL 33334**

Mailing Address

**141 NE 30 STREET
 FT LAUDERDALE FL 33334**

2. Principal Place of Business

9030 NW 53 Street

3. Mailing Address

9030 NW 53 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

Country

33067 USA

Zip

Country

33067 USA

4. FEI Number

65-0868010

Applied For

Not Applicable

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

TAYLOR, LESLIE A

**141 NE 30 STREET 9030 NW 53 Street
 FT LAUDERDALE FL 33334 Coral Springs, FL 33067**

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 Leslie Taylor President

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, 2002 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 **PD** ☐ Delete
 NAME **TAYLOR, LESLIE**
 STREET ADDRESS **141 NE 30TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **PD** ☒ Change ☐ Addition
 NAME **TAYLOR, LESLIE**
 STREET ADDRESS **9030 NW 53rd Street**
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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 Leslie Taylor **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

561-212-0973

Daytime Phone #

CR2E034 (9/01)