

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90621 030 ***150.00

DOCUMENT # P98000083805

1. Entity Name

PROFESSIONAL SOFTWARE CONSULTING, INC.

Principal Place of Business

823 CAMARGO WAY. #108
 ALTAMONTE SPRINGS FL 32714

Mailing Address

823 CAMARGO WAY. #108
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1616 Hibiscus Ave.

Suite, Apt. #, etc.

3. Mailing Address

1616 Hibiscus Ave.

Suite, Apt. #, etc.

City & State

Winter Park FL

Zip

32789

Country

US

City & State

Winter Park FL

Zip

32789

Country

USA

4. FEI Number **59-3536249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOGGS, SARA ANN
823 CAMARGO WAY, #108
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name *Boggs, Sara Ann*
 Street Address (P.O. Box Number is Not Acceptable)
1616 Hibiscus Ave.
 City *Winter Park* **FL** Zip Code *32789*

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, 2001 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 **PST** ☐ Delete
 NAME **BOGGS, SARA ANN**
 STREET ADDRESS **823 CAMARGO WAY #108**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Change ☐ Addition
 NAME *Boggs, Sara Ann*
 STREET ADDRESS *1616 Hibiscus Ave.*
 CITY-ST-ZIP *Winter Park FL 32789*

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Sara Ann Boggs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

407-491-2170

Daytime Phone #

CR2E034 (10/00)

0045164