

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100912

1. Entity Name

MCDONALD SOFTWARE, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90109 036 ***150.00

Principal Place of Business

Mailing Address

6160 WINDLASS CIRCLE
BOYNTON BEACH FL 33437-5117

6160 WINDLASS CIRCLE
BOYNTON BEACH FL 33437-5117

2. Principal Place of Business

3. Mailing Address

6160 Windlass Circle

6160 Windlass Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

68-0893107

Applied For

Not Applicable

Zip
33437-5117

Country
USA

Zip
33437-5117

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

MCDONALD, SCOTT W
6160 WINDLASS CIRCLE
BOYNTON BEACH FL 33437-5117

Name

McDonald, Scott W

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

6160 Windlass Circle

City

Boynton Beach

FL

Zip Code

33437-5117

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

Scott McDonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/2000

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
D
MCDONALD, SCOTT W
6160 WINDLASS CIRCLE
BOYNTON BEACH FL 33437-5117 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Scott McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-00 561-369-2496

Daytime Phone #

CR2E034 (9/99)