2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 044 ***150.00

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DO NOT WRITE IN THIS SPACE

1. Entity Name

U-TURN SOFTWARE ACCESSORIES, INC.

Principal Place of Business	Mailing Address
89 Longmeadow Lane Rotonda West, FL 33947	P.O. Box 567 Placida, FL 33947

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

4. FEI Number 65-0900105 — 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
Michael Krzysiak 89 Longmeadow Lane Rotonda West, FL 33947	Name: David A. Dunkin Street Address (P.O. Box Number Is Not Acceptable): 170 W. Dearborn Street City: Englewood FL Zip Code: 34223

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 _____ 6/20/2000

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) ☐

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	D ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	Knight, Melissa	NAME	Knight, Melissa
STREET ADDRESS	P.O. Box 36	STREET ADDRESS	P.O. Box 36
CITY-ST-ZIP	Placida, FL 33946	CITY-ST-ZIP	Placida, FL 33946
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	Dignam, David	NAME	
STREET ADDRESS	2950 N. Beach Rd. #3423	STREET ADDRESS	
CITY-ST-ZIP	Englewood, FL 34223	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	DS ☒ Change ☐ Addition
NAME	Combs, Bradley	NAME	Combs, Bradley
STREET ADDRESS	1009 Tropical Ave.	STREET ADDRESS	1009 Tropical Ave.
CITY-ST-ZIP	Port Charlotte, FL 33948	CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	D ☐ Delete	TITLE	DV ☒ Change ☐ Addition
NAME	Krzysiak, Michael	NAME	Krzysiak, Michael
STREET ADDRESS	89 Longmeadow Lane	STREET ADDRESS	89 Longmeadow Lane
CITY-ST-ZIP	Rotonda West, FL 33947	CITY-ST-ZIP	Rotonda West, FL 33947
TITLE	D ☐ Delete	TITLE	DT ☒ Change ☐ Addition
NAME	Wagnor, Lewis L.	NAME	Wagnor, Lewis L.
STREET ADDRESS	3862 Albin Ave.	STREET ADDRESS	3862 Albin Ave.
CITY-ST-ZIP	North Port, FL 34286	CITY-ST-ZIP	North Port, FL 34286
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 6/20/2000 941-697-3747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #