2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State
06-29-2000 90398 044 ***150.00

DOCUMENT # P98000106065

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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

D0066657

DO NOT WRITE IN THIS SPACE

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