

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107761

1. Entity Name
PLEXUS SOFTWARE, INC.

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90287 039 ***550.00

Principal Place of Business
1 HARGROVE GRADE
4E
PALM COAST FL 32136

Mailing Address
1 HARGROVE GRADE
4E
PALM COAST FL 32136

000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 CORPORATE DRIVE
Suite, Apt. #, etc.
2-D

3. Mailing Address
1 CORPORATE DRIVE
Suite, Apt. #, etc.
2-D

City & State
PALM COAST, FLORIDA
Zip
32137
Country
USA

City & State
PALM COAST, FLORIDA
Zip
32137
Country
USA

4. FEI Number **59-3550444**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, TERRY
38 SEASCAPE DRIVE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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
TERRY L. NICHOLS, PRESIDENT

Registered Agent's signature required when reinstating)

5/22/2001
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 **D** ☐ Delete
NAME **NICHOLS, TERRY**
STREET ADDRESS **38 SEASCAPE DRIVE**
CITY - ST - ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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
TERRY L. NICHOLS, PRESIDENT

5/22/2001 **386-447-6708**
Date Daytime Phone #

CR2E034 (10/00)