

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90971 026 ***150.00

DOCUMENT # P98000108297

1. Entity Name

COWAN SOFTWARE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

80057475

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2013 VANDERBILT PT Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State LONGWOOD FL		City & State	
Zip 32779	Country SEMOLE	Zip	Country
4. FEI Number 59-3550903		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVID S. COWAN	
Street Address (P.O. Box Number is Not Acceptable) 2013 VANDERBILT PT	
City LONGWOOD	FL Zip Code 32779

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P/V/T/S/D/C DAVID S. COWAN 2013 VANDERBILT PT LONGWOOD FL 32779	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David S. Cowan DAVID S. COWAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-2002

Date

407-718-5525

Daytime Phone #