## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ DOCUMENT # **P98000108376** May 23, 2000 8:00 am Secretary of State LAKELAND MICRO SOFTWARE, INC. 05-23-2000 90238 038 \*\*\*150.00 Principal Place of Business Mailing Address 5621 LIVE OAK ROAD 5621 LIVE OAK ROAD LAKELAND FL 33813-3052 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address P.O. BOX 47297 17112 CARRINGTON PARK DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 923 Applied For City & State 4. FEI Number City & State 59-3554023 TAMPA Not Applicable TAMPA. Country \$8.75 Additional 5. Certificate of Status Desired USA 3647 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKS, JOHN PAUL Street Address (P.O. Box Number is Not Acceptable) C/O WENDEL, CHRITTON & PARKS, CHARTERED 5300 S FLORIDA AVE. LAKELAND FL 33813 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DC Addition TITLE ☐ Delete TITLE BODDLAY, WILLIAM 17112 CARRINGTON PARK DR, #923 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33647 **★** Addition ☐ Delete TITI F TITLE BODOLAY, MICHAEL J. 17112 CARRINGTON PARK DR, 4923 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 CITY-ST-7IP ☐ Delete TITLE BODOLAY, PATRICIA J. 17112 CARRINGTON PARK DR. #923 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS 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.

MICHAEL BODOLAY APR. 28, 2000 SIGNATURE AND TYPED OR PRINTED NAME OF