

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000108376**1. Entity Name
LAKELAND MICRO SOFTWARE, INC.Principal Place of Business
17112 CARRINGTON PARK DR
923
TAMPA FL 33647
USMailing Address
P.O. BOX 47297
TAMPA FL 33647
US

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

59-3554023

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PARKS JOHN PAUL**
C/O WENDEL, CHRITTON & PARKS, CHARTERED
5300 S FLORIDA AVE.
LAKELAND FL 33813
US**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33647	<input type="checkbox"/> Delete
VPS	BUDDLAY PATRICIA J	17112 CARRINGTON PARK DR, #923	TAMPA	FL	33647	<input type="checkbox"/> Delete
PT	BUDDLAY MICHAEL J	17112 CARRINGTON PARK DR, #923	TAMPA	FL	33647	<input type="checkbox"/> Delete
DC	BUDDLAY WILLIAM	17112 CARRINGTON PARK DR, #923	TAMPA	FL	33647	<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33647	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VPS	BODOLAY PATRICIA J	17112 CARRINGTON PARK DR, #923	TAMPA	FL	33647	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	BODOLAY MICHAEL J	17112 CARRINGTON PARK DR, #923	TAMPA	FL	33647	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DC	BODOLAY WILLIAM	17112 CARRINGTON PARK DR, #923	TAMPA	FL	33647	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/> Change	<input type="checkbox"/> 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: Michael J. Bodolay**P****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)