

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000001086**1. Entity Name
CONNOR MILLER SOFTWARE, INC.Principal Place of Business
14155 W. COLONIAL DR.
WINTER GARDEN FL 34787
Mailing Address
14155 W. COLONIAL DR.
WINTER GARDEN FL 347872. Principal Place of Business
9043 TOWER PINE DRIVE3. Mailing Address
P.O. BOX 771002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WINTER GARDEN FLCity & State
WINTER GARDEN FL4. FEI Number
59-3544841Applied For
Not ApplicableZip Country
34787 USZip Country
3477710025. 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**GILLEN JOHN
2314 HOLLY RIDGE DR.OCOEE FL
34761 US

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 _____ **01/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 VP ☐ Delete
NAME CONNOR JAMES
STREET ADDRESS 638 NYE CIRCLE
CITY-ST-ZIP HONOLULU HI 96818TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☐ Delete
NAME MILLER CHARLES HJR
STREET ADDRESS 9043 TOWER PINE DRIVE
CITY-ST-ZIP WINTER GARDEN FL 34787TITLE ☐ Change ☐ Addition
NAME
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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: Charles H. Miller Jr.

P

01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)