

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008469

1. Entity Name
A1A SOFTWARE, INC.

Principal Place of Business
67 ANCHOR DR.
INDIAN HARBOUR BEACH FL 32937

Mailing Address
67 ANCHOR DR.
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business
36239 Clear Lake DR.
Suite, Apt. #, etc.

3. Mailing Address
36239 Clear Lake DR.
Suite, Apt. #, etc.

City & State
Eustis, FL
Zip
32136
Country
USA

City & State
Eustis, FL
Zip
32136
Country
USA

4. FEI Number 59-3559991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHBURG, JOSEPH B
67 ANCHOR DR.
INDIAN HARBOUR BEACH FL 32937

→ change of address →

7. Name and Address of New Registered Agent

Name Richburg, Joseph B.
Street Address (P.O. Box Number is Not Acceptable)
36239 Clear Lake Drive
City Eustis FL Zip Code 32136

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 *Joseph B. Richburg* Joseph B. Richburg 1/2/01
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) ☒

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	P RICHBURG, JOSEPH B 67 ANCHOR DRIVE INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHBURG, WANDA J 69 ANCHOR DRIVE SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Richburg, Joseph B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address) 36239 Clear Lake Drive EUSTIS, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Richburg, Wanda J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address) 36239 Clear Lake DR. EUSTIS, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Joseph B. Richburg* Joseph B. Richburg 1/2/01 (352) 483-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90028 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)