

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016584

1. Entity Name

MICROTECH SOFTWARES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90045 011 ***150.00

Principal Place of Business

Mailing Address

815 CRENSHAW LAKE ROAD
LUTZ FL 33549-6108

815 CRENSHAW LAKE ROAD
LUTZ FL 33548-1027

2. Principal Place of Business

18118 N US HWY 41

Suite, Apt. #, etc.

#22B

City & State

LUTZ FL

Zip

33549

Country

HILLS.

3. Mailing Address

PO BOX 1027

Suite, Apt. #, etc.

City & State

LUTZ FL

Zip

33548-1027

Country

HILLS.

4. FEI Number

59-3562021

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

7. Name and Address of New Registered Agent

PLYE, JAMES WOODSON III
815 CRENSHAW LAKE ROAD
LUTZ FL 33549-6108

Name
JAMES WOODSON PYLE III

Street Address (P.O. Box Number is Not Acceptable)

18118 N US HWY 41 #22B

City

LUTZ

FL

Zip Code

33549

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 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/CHAIRMAN
JAMES WOODSON PYLE III
18118 N US HWY 41 #22B
LUTZ-FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/99)