

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90032 015 ***158.75

DOCUMENT # P99000031423

1. Entity Name

GULFSIDE SOFTWARE SOLUTIONS INC.

Principal Place of Business

114 B COMMERCIAL WAY
 SPRING HILL FL 34606

Mailing Address

114 B COMMERCIAL WAY
 SPRING HILL FL 34606-4573

2. Principal Place of Business

1300 LORI DR
 Suite, Apt. #, etc.

3. Mailing Address

1300 LORI DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL

City & State

Spring Hill FL

4. FEI Number

59-3573008

Applied For

Not Applicable

Zip

34606

Country

FLORIDA

Zip

34606

Country

FLORIDA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JOHN F
 5520 BAFFIN CI
 SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

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

10469 CAMARIN DR

City

Spring Hill

FL

Zip Code

34608

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

John F. Scott

John F. Scott

4/26/00

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	SHAWN T. SCOTT
CITY-ST-ZIP	1300 LORI DRIVE SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VID
STREET ADDRESS	JOHN F. SCOTT
CITY-ST-ZIP	1300 LORI DRIVE SPRING HILL, FL 34606
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Joseph W. McNally
CITY-ST-ZIP	7901 4TH STREET NORTH, Ste 200 ST. PETERSBURG, FL 33702
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	KARL J. WALL
CITY-ST-ZIP	7901 4TH STREET NORTH, Ste 200 ST. PETERSBURG, FL 33702
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	THOMAS J. BALKAN
CITY-ST-ZIP	7901 4TH STREET NORTH, Ste 200 ST. PETERSBURG, FL 33702

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

4/14/2000

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CR2E034 (9/99)