

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000032475

1. Entity Name

Kizer, Software, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

614 Sapphire Dr

Suite, Apt. #, etc.

3. Mailing Address

614 Sapphire Dr

Suite, Apt. #, etc.

FILED

02 APR 22 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State

Carmel, IN

City & State

Carmel IN

4. FEI Number

59-3574835

Applied For

Not Applicable

Zip

46032

Country

USA

Zip

46032

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles L. Kizer

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

2316 Creekside Ct

City

Pensacola

FL

Zip

32514

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D
Kizer, Charles
614 Sapphire Dr
Carmel, IN 46032

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900005418969--2
-05/01/02--01086--004
*****317.50 *****317.50

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Stewart, Mary H
614 Sapphire Dr
Carmel, IN 46032

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. Kizer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

317 844-4616

Daytime Phone #

CR2E034B (12/01)