

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90024 018 ***550.00

DOCUMENT # P99000034749

1. Entity Name
SOFTWARE SYNERGY, INC.



Principal Place of Business
**8962 WINGED FOOT DR
TALLAHASSEE FL 32312**

Mailing Address
**8962 WINGED FOOT DR
TALLAHASSEE FL 32312**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3570216**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINGER, ROBERT F
8962 WINGED FOOT DRIVE
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert F. Dinger* **ROBERT F. DINGER** 08/22/2003
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DINGER, ROBERT F	
STREET ADDRESS	8962 WINGED FOOT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MONTGOMERY, SHIRLEY M	
STREET ADDRESS	8962 WINGED FOOT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert F. Dinger* **ROBERT F. DINGER** 08/22/2003 850-552-2498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)