

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041287

1. Entity Name  
K L H SOFTWARE SOLUTIONS, INC.

Principal Place of Business

5025 NASSAU CIRCLE  
ORLANDO FL 32808

Mailing Address

5025 NASSAU CIRCLE  
ORLANDO FL 32808

2. Principal Place of Business

5025 NASSAU Circle

3. Mailing Address

5025 NASSAU Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32808

Country

USA

Zip

32808

Country

USA

6. Name and Address of Current Registered Agent

HU, KAI LIN  
5025 NASSAU CIRCLE  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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.

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)

**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 P  
NAME HU, KAI L  
STREET ADDRESS 5025 NASSAU CIRCLE  
CITY-ST-ZIP ORLANDO FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90090 007 \*\*\*150.00

00060994



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3575063

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CR2E034 (10/00)

4/26/01

407 294 4852