## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000042494** May 16, 2000 8:00 am Secretary of State MYSTICAL SOFTWARE, INCORPORATED 05-16-2000 90129 028 \*\*\*150.00 Mailing Address Principal Place of Business 2118 FIRST STREET WEST 2118 FIRST STREET WEST **BRADENTON FL 34205** BRADENTON FL 34208-3602 2. Principal Place of Business 3. Mailing Address J 335 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA 34203 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDSON-ESLE, KERI dress (P.O. Box Number is Not Acceptable) 2118 FIRST STREET WEST **BRADENTON FL 34205** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is sligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President CEO CR2E034 (9/99) ☐ Change ☐ Addition ☐ Delete TITLE Mothy T. Hudson Swite K MAME STREET ADDRESS enton, PL 34203 CITY-ST-7IP ☐ Addition Delete Change

11: TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME 1332 51 8. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE tic Hudson NAME NAME 748 1825 St. Cir. H.E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 radenton, F2 34202 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 1003 1337 St E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 application, with all other like empowered.

IG OFFICER OR DIRECTOR

Daytime Phone #

changed, or on an attachment with an

SIGNATURE: