## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000055172 Mar 17, 2000 8:00 am HOUND DOG SOFTWARE, INC. RUGGIERO SOUTH, INC. **Secretary of State** 03-17-2000 90030 035 \*\*\*150.00 Principal Place of Business Mailing Address 1640 LEE ROAD 1640 LEE ROAD WINTER PARK FL 32789-2208 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 1661ERD -RUGGIERO, ALFRED Street Address (P.O. Box Number is Not Acceptable) \_1640\_LEE\_ROAD --WINTER PARK FL 32789 City 32789 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change Addition Delete TITLE TITLE RUGGIERO, RUGGIERO, ALFRED NAME NAME 1640-LEE-ROAD STREET ADDRESS LEE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME 1661ERO NAME STREET ADDRESS LEE STREET ADDRESS CITY-ST-ZIP\_ LINITER PARK CITY-ST-ZIP **Addition** PREGIDENTA(D) Delete TITLE TITLE RUGGIERO NAME MARGARET 13 TH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 will all provide empowered. 3/14/00 SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR