FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 08, 2001 8:00 am DOCUMENT # **P99000057575** Secretary of State 1. Entity Name 01-08-2001 90014 046 ***150.00 ENTRESOFT . COM, INC. Mailing Address Principal Place of Business P.O. BOX 410233 450 CARMEL ROAD MELBOURNE FL 32941-0233 MELBOURNE FL 32940 3. Mailing Address 2. Principal Place of Business 170 AIA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4, FEI Number City & State 59-3611487

5. Certificate of Status Desired Fee Required 2082 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, RONALD W Street Address (P.O. Box Number is Not Acceptable) 66 CUNA ST., STE. A ST. AUGUSTINE FL 32084 Zip Code City 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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing

Country

Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE O. Taylor Croix Ave. Ronald NAME NAME FRICKE, CHARLES ii7 St. STREET ADDRESS STREET ADDRESS 450 CARMEL ROAD Beach, FL 32931 Cocaa CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32940 ☐ Change Addition D ☐ Defete TITLE TITLE Taylor NAME NAME FRICKLE, CHARLES St. Crdix Ave. STREET ADDRESS STREET ADDRESS 460 OSCEOLA AVE Beach, FL 32931 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Change V/D Hodge. Anthone Addition TITLE - Delete -TITLE NAME NAME HODGE, ANTHONY AIA North Ponte Vedra Beh STREET ADDRESS STREET ADDRESS **460 OSCEALO AVE** 32082 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Change Addition TITLE P/D ☐ Delete TITLE Fricke Charli charles NAME NAME STREET ADDRESS STREET ADDRESS Ponte Vedra Boh **ふ かりとす** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition

13. I hereby certify that the information supplied with this filing/opes 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 a state of the corporation of the corporation with a state of the corporation wit

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

onte

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

OFFICER OR DIRECTOR SIGNATURE AND TYP PRINTED NAME OF SIG

Delete

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- III. (3)

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CR2E034 (10/00)

Not Applicable

\$5.00 May Be

\$8.75 Additional