(321) 951-2625 Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # <b>P9900069488</b> 1. Entity Name ADAPTIVE SOFTWARE, INC.					Secretary of State 08-21-2001 90035 028 ***550.00			
Principal Place of Business  1043 E. RIVER OAKS DR INDIALANTIC FL 32903		Mailing Address 1043 E. RIVER OAKS DR INDIALANTIC FL 32903	1043 E. RIVER OAKS DR			<b>5</b> 118 81118 (6111 8389)		
2. Principal Place of Business		3. Mailing Address :-	3. Mailing Address :-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		FEI Number 58-2412921		oplied For	7
Zip Country		Zip	Country		Certificate of Status Desired	\$8.75 Add	ditional	1
	6. Name and Address of Curr	rent Registered Agent		7, 1	Name and Address of New Register			1
PAVLICH, BRYAN  1043 E. RIVER OAKS DR INDIALANTIC FL 32903			Name Street Add	Iress (P.O. E	Box Number is Not Acceptable)			بعد <u> </u> -
110000	MO 1 E 02000	•	City	y FL Zip Code				
SIGNATURE .	Signature, typed oxfirmed name of registered oration is eligible to satisfy its Intang	Sible FILE NOW!	Registered Agent signature	required when re		8/16/01		     
- Tax filing i	requirement and elects to do so.	After September 12, Make Check Payab			Trust Fund Contribution.		<b>0</b> May Be to Fees	
11.	,	AND DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS A		3 IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVLICH, BRYAN 1043 E. RIVER OAKS DRIVE INDIALANTIC FL 32903	□ Delete		P PAVLIC	H, BRYAN	<b>⊡</b> ∕Change -	☐ Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ピたしが これで That's	STREET ADDRESS	المستعددة		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1
indicated of the cor	on this report or supplemental repo	ort is true and accurate and that many empowered to execute this report a	v signature shall hav	e the same !	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; tha da Statutes; and that my name appea	it Lam an officer i	or director	1