

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072395

1. Entity Name

KNOWLEDGE MANAGEMENT SOFTWARE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90185 037 ***150.00

Principal Place of Business

1560 BRAEMOOR LANE
DUNEDIN FL 34698

Mailing Address

1560 BRAEMOOR LANE
DUNEDIN FL 34698-3211

2. Principal Place of Business

51 SOUTH MAIN AVE.

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

ST 320

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

Zip

33765

Country

USA

Zip

Country

4. FEI Number

59-3593097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GODFREY, THOMAS J
1560 BRAEMOOR LANE
DUNEDIN FL 34698

Name

TERRENCE A. PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)

51 S. MAIN AVE STE. 320

City

CLEARWATER

FL

Zip Code

33765

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

TEL Pj TERRONCE A. PHILLIPS VP OPERATIONS

4/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODFREY, THOMAS J	
STREET ADDRESS	1560 BRAEMOOR LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHISTANCE, STUART	
STREET ADDRESS	THOMAS BENNETT HOUSE, SALFORD U. BUS. PARK	
CITY-ST-ZIP	SALFORD, ENGLAND, M6 6AJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRENCE A. PHILLIPS	
STREET ADDRESS	51 S. MAIN AVE STE. 320	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA A. GRAY, Ph.D.	
STREET ADDRESS	1001 BRIDGEWAY STE. C-1	
CITY-ST-ZIP	SANSAITO, CA 94965	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

TEL Pj TERRONCE A. PHILLIPS

4/28/00

(727) 441-9877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/99)