

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075287

1. Entity Name

DDH SOFTWARE, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90085 050 \*\*\*550.00

Principal Place of Business

Mailing Address

7859 SPRINGVALE DRIVE  
LAKE WORTH FL 33467

7859 SPRINGVALE DRIVE  
LAKE WORTH FL 33467-7347

2. Principal Place of Business

1325 S Congress Ave. Suite 233

3. Mailing Address

PO Box 970971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boynton Beach

City & State

Boynton Beach, FL

Boca Raton, FL

Zip

Country

33426

US

Zip

Country

33497

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0946914

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

HAUPERT, DAVID J  
7859 SPRINGVALE DRIVE  
LAKE WORTH FL 33467

Name

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

City

FL

Zip Code

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

*David J. Haupt*

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **HAUPERT, DAVID J**  
CITY-ST-ZIP **7859 SPRINGVALE DRIVE**  
**LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*David J. Haupt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00

Date

561-735-0200

Daytime Phone #

CR2E034 (9/99)