

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90026 009 \*\*\*150.00

**DOCUMENT # P99000075287**

1. Entity Name

**DDH SOFTWARE, INC.**

Principal Place of Business

**1325 S CONGRESS  
SUITE 233  
LAKE WORTH FL 33467**

Mailing Address

**PO BOX 970971  
BOCA RATON FL 33497**

**001042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6169 JOG RD  
SUITE C-4**

3. Mailing Address

**6169 JOG RD.  
SUITE C-4**

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH, FL**

4. FEI Number

**65-0946914**

Applied For

Not Applicable

Zip

Country

**33467**

Zip

Country

**33467**

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

**HAUPT, 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

*X David Haupt*

*President*

*1/8/00*

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAUPT, DAVID J</b>	
STREET ADDRESS	<b>7859 SPRINGVALE DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL HAUPT</b>	
STREET ADDRESS	<b>7859 SPRINGVALE DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>	
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		
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: *X David Haupt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/00*

Date

Daytime Phone #

*561-967-3668 x203*

CR2E034 (10/00)