

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90160 034 \*\*\*150.00

**DOCUMENT # P99000090657**

1. Entity Name  
**CLEC SOFTWARE, INC.**

Principal Place of Business  
**696 E ALTAMONTE DR. SUITE 4**  
**ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**696 E ALTAMONTE DR. SUITE 4**  
**ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business  
**1667 S. Hwy 17-92**  
 Suite, Apt. #, etc.  
**SUITE 101**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.

City & State  
**LONGWOOD, FL**

City & State

4. FEI Number **59-3602381**

Applied For  
 Not Applicable

Zip  
**32750** Country  
**SEMINOLE**

Zip Country

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**

**WOODS, JONATHAN D**  
**15 W CHURCH ST, SUITE 201**  
**ORLANDO FL 32801**

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 \_\_\_\_\_ (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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **JOACHIM, PAUL**  
 CITY-ST-ZIP **236 WHITESAND CT**  
**CASSELBERRY FL 32707**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **JOACHIM, JUANITA**  
 CITY-ST-ZIP **236 WHITESAND CT**  
**CASSELBERRY FL 32707**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **STAWAR, PAUL**  
 CITY-ST-ZIP **4118 LEAFY GLADE PLACE**  
**CASSELBERRY FL 32707**

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

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **CHRISMAN, ERIC**  
 CITY-ST-ZIP **3474 WOODLEY PARK PLACE**  
**OWIEDO FL 32765**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Paul B. Joachim  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 407-767-0800  
 Date Daytime Phone #

CR2E034 (10/00)