

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90114 029 \*\*\*150.00

DOCUMENT # P99000095503

1. Entity Name

PRT SOFTWARE, INC.

**DO NOT WRITE IN THIS SPACE**

31628

2. Principal Place of Business

4519 CHERRYBARK CT.

Suite, Apt. #, etc.

3. Mailing Address

4519 CHERRYBARK CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-3617217

Applied For

Not Applicable

Zip

34241

Country

SARASOTA

Zip

34241

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

G. VINCENT PULLI

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

4519 CHERRYBARK COURT

City

SARASOTA

FL

Zip Code

34241

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

*G. Vincent Pulli*

May 4, 2002

Signature, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature is required when removing.)

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE: P.D.T.  
NAME: PULLI, G. VINCENT  
STREET ADDRESS: 4010 SAWYER CT.  
CITY-ST-ZIP: SARASOTA FL 34233

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: V.D.S.  
NAME: TRUPIN-PULLI, ELIZABETH  
STREET ADDRESS: 4010 SAWYER CT.  
CITY-ST-ZIP: SARASOTA FL 34233

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: V.P.D.  
NAME: TRUPIN, JAMES  
STREET ADDRESS: 4010 SAWYER CT.  
CITY-ST-ZIP: SARASOTA FL 34233

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: V.D.  
NAME: RANA TIWAN #66-286  
STREET ADDRESS: 2200 WINTER SPRINGS BLVD  
CITY-ST-ZIP: OVIEDO FL 32765

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*G. Vincent Pulli*

G. VINCENT PULLI

4-9-02

941  
924-6678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)