2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000108021 **DOCUMENT #**

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90116 044 ***150.00

SOFTWARE.CONSULTANTS, INC.															
Principal Place of Business 1312 EDGEWATER BEACH DRIVE LAKELAND FL 33805			Mailing Address 1312 EDGEWATER BEACH DRIVE LAKELAND FL 33805												
2. Principal f	Place of Business	3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.					[☐ CHE	CK HEF	RE IF N	MAKING	CHANG	iES	
City & State			City & State				4. FE	I Numbe	59- 3	6164	11				ed For
Zip	Country	Zip		Coun	try 5.			ertificate o	of Status	Desired	d 		\$8.75 Fee Req	Additio	
	6. Name and Address of Current	Register	ed Agent				7. Na	me and	Address	of Nev	v Regi				
		<u></u>			Name										
GERARD F LAZZARA & ASSOCIATES, PA					- خاربین		-		- 1-					•	
	ROAD SUITE 407				Street Addr	ess (P.	O. Box	k Number	is Not A	ccepta	ble)				l
	O FL 32810-5551				}	-	•								
OUDVINDO	7 FL 32610-5551														
•					City							FL	Žip C	Code	
8. The above the obligation	e named entity submits this statement for tions of registered agent.	or the purp	oose of changing its r	egistere	ed office or reg	gistered	d agen	nt, or both	, in the S	State of	Florida	a. I am f	amiliar w	ith, an	d accept
SIĞNATURE															
SIGNÁTOUC	Signature, typed or printed name of registered agent	and title if app	plicable. (NOTE:	Registered	d Agent signature re	equired w	vhen reins	stating)				DATE			
E	ILE NOW!!! FEE IS \$150.00														
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									tion Car t Fund C			ing _		5.00 ded to	May Be Fees
10.	OFFICERS AND	DIRECTO	DRS	11.			ADDI	ITIONS/C	CHANGE	S TO O	FFICE	RS AND	DIRECT	ORS II	N 11
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CITY-ST-ZIP	LAKELAND FL 33805			CITY-	-ST-ZIP										ĺ
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

863-683-011)