

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19938

1. Entity Name

ODYSSEY SOFTWARE, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90078 017 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3311 NW 27 AVE~~  
~~GAINESVILLE FL 32605~~  
~~US~~

~~3311 NW 27 AVE~~  
~~GAINESVILLE FL 33549-4818~~  
~~US~~

2. Principal Place of Business

17017 PAULA LANE

Suite, Apt. #, etc.

City & State  
LUTZ FLORIDA

Zip Country  
33549 USA

3. Mailing Address

17017 PAULA LANE

Suite, Apt. #, etc.

City & State  
LUTZ FL

Zip Country  
33549 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0230059

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

~~SLAZINSKI, JAY~~  
~~3311 NW 27TH AVE~~  
~~GAINESVILLE FL 32605~~

Name

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

17017 PAULA LANE

City State Zip Code  
LUTZ FL 33549

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 JAY SLAZINSKI

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/2000

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 PSTD  
NAME SLAZINSKI, JAY  
STREET ADDRESS ~~3311 NW 27 AVE~~  
CITY-ST-ZIP ~~GAINESVILLE FL~~

☐ Delete

TITLE PSTD  
NAME JAY SLAZINSKI  
STREET ADDRESS 17017 PAULA LANE  
CITY-ST-ZIP LUTZ FL 33549

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000

Date

813 785 7575

Daytime Phone #

CR2E034 (9/99)