

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90010 022 \*\*\*550.00

**DOCUMENT # S50713**

1. Entity Name  
**SOFTDEV, INC.**

Principal Place of Business

**11 SE 5TH ST  
 BOCA RATON FL 33432  
 US**

Mailing Address

**11 SE 5TH ST  
 BOCA RATON FL 33432  
 US**

2. Principal Place of Business

**6500 E. Rogers Circ.**

Suite, Apt. #, etc.

3. Mailing Address

**6500 E. Rogers Circle**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Boca Raton, FL**

City & State

**Boca Raton FL**

4. FEI Number

**65-0031591**

Applied For

Not Applicable

Zip

**33487**

Country

**USA**

Zip

**33487**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KISSMAN, NANCY  
 11 SE 5TH ST  
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

**Daphne A. Mainiot**

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

**21301 Powerline Road, Ste. 204**

City

**Boca Raton**

FL

Zip Code

**33433**

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

**Daphne A. Mainiot**

(NOTE: Registered Agent signature required when reinstating)

**9/5/01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE ☐ Delete  
 NAME **PSD**  
 STREET ADDRESS **MOORE, FRANK**  
 CITY-ST-ZIP **200 W. PALMETTO PK., #302**  
**BOCA RATON FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **PSD**  
 STREET ADDRESS **Moore, Frank**  
 CITY-ST-ZIP **11 SE 5th Street**  
**Boca Raton, FL 33432**

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

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

TITLE ☐ Change ☐ Addition  
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 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:

**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/30/01**

Date

**5619918550**

Daytime Phone #

CR2E034 (5/01)