

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74617

1. Entity Name

CONTACT PLUS SOFTWARE CORPORATION

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90082 037 \*\*\*150.00

Principal Place of Business

1909 AIRPORT BLVD  
MELBOURNE FL 32901  
US

Mailing Address

P.O. BOX 372577  
SATELLITE BEACH FL 32937  
US

2. Principal Place of Business

P.O. BOX 372577

3. Mailing Address

Suite, Apt. #, etc.

City & State

SATELLITE BEACH, FL

City & State

Zip

32937

Country

USA

Country

4. FEI Number 59-3080851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRESE, GARY B.  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE D ☐ Delete  
NAME TRUJILLO, EDMUND L  
STREET ADDRESS 1909 AIRPORT BLVD  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ Delete  
NAME TRUJILLO, DONNA R.  
STREET ADDRESS 1909 AIRPORT BLVD.  
CITY-ST-ZIP MELBOURNE FL 32901

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 EDMUND L TRUJILLO ☒ Change ☐ Addition  
NAME 1643 SWEETWOOD DR  
STREET ADDRESS MELBOURNE, FL 32935  
CITY-ST-ZIP

TITLE 1643 SWEETWOOD DR ☒ Change ☐ Addition  
NAME MELBOURNE FL 32935  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0081539

CR2E034 (10/00)