2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90129 025 ***150.00

A0030176

DO NOT WRITE IN THIS SPACE

DOCUMENT # V00205

1. Entity Name

MILLS & MURPHY SOFTWARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
9800 4TH ST NORTH STE 310 ST. PETERSBURG FL 33702 US	9800 4TH ST NORTH STE 310 ST. PETERSBURG FL 33702-2463 US

2. Principal Place of Business	3. Mailing Address
618 94th AVE NORTH	618 94th AVE North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33702 Country: US	Zip: 33702 Country: US

4. FEI Number 59-3097494 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, ED
9800 4TH ST. NORTH
STE 310
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name: MURPHY, ED
Street Address (P.O. Box Number is Not Acceptable): 618 94th AVE NORTH
City: ST. PETERSBURG FL Zip Code: 33702

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: F. E. Murphy, President   DATE: 3-10-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCIS E. MURPHY	NAME	
STREET ADDRESS	1966 ILLINOIS AVE N.E.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SCOTT J. MILLS	NAME	
STREET ADDRESS	5813 65TH TERRACE NORTH	STREET ADDRESS	901 SARA DRIVE
CITY-ST-ZIP	PINELLAS PARK FL 33781	CITY-ST-ZIP	SHALIMAR FL 32579
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: F. E. Murphy, President   Date: 3-10-2000   Daytime Phone #: 727-577-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR