

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # V39401**1. Entity Name
ACUSOFT, INC.**Principal Place of Business**12249 SCIENCE DR
SUITE 160
ORLANDO
32826

FL

US

Mailing Address12249 SCIENCE DR
SUITE 160
ORLANDO
32826

US

US

2. Principal Place of Business

13501 INGENUITY DR.

3. Mailing Address

13501 INGENUITY DR.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32826

Country

US

Zip

32826

Country

US

4. FEI Number**59-3126286**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLANA Y LIU
12249 SCIENCE DR,
SUITE 160
ORLANDO
32826

FL

7. Name and Address of New Registered Agent

Name

LIU LANA Y

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

13501 INGENUITY DR.

SUITE 200

City

ORLANDO

FL

Zip Code
32826

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 **LANA Y. LIU**

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

(NOTE: Registered Agent signature required when reinstating)

04/16/2001

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	V	<input type="checkbox"/> Delete
NAME	LYOU WENTAO	
STREET ADDRESS	10764 OAK GLEN CIR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LIU, LANA YON	
STREET ADDRESS	9941 LK. GEORGIA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LIU JESSE W	
STREET ADDRESS	9941 LK. GEORGIA DR.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIU LANA Y	
STREET ADDRESS	9941 LK. GEORGIA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIU JESSE W	
STREET ADDRESS	9941 LK. GEORGIA DR.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Lana Y. Liu

CFO

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)