

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000003954**

1. Entity Name

TRIBALECTIC, INC.

Principal Place of Business

**301 CRAWFORD BLVD., SUITE 203
BOCA RATON FL 33432**

Mailing Address

**301 CRAWFORD BLVD., SUITE 203
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1021250

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

Name

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

City

FL

Zip Code

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD HOFFMAN, DAMIEN 301 CRAWFORD BLVD., SUITE 203 BOCA RATON FL 33432	<input type="checkbox"/>		
DCEO MICHAEL, DREW 301 CRAWFORD BLVD., SUITE 203 BOCA RATON FL 33432	<input type="checkbox"/>		
DCFO MALEC, JASON 301 CRAWFORD BLVD., SUITE 203 BOCA RATON FL 33432	<input type="checkbox"/>		
S CROWER, WAYNE T ESQ. 301 CRAWFORD BLVD., SUITE 203 BOCA RATON FL 33432	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

01-21-01

Date

(561) 620-3858

Daytime Phone #

CR2E034 (10/00)

030192Z

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90130 024 ***150.00



DO NOT WRITE IN THIS SPACE