

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001053

1. Entity Name

NETBRIDGE SYSTEMS LTD LIMITED COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 AM 11:02

Principal Place of Business

SUITE 601 E & F AIRPORT BUSINESS CENTER
14004 ROOSEVELT BLVD
CLEARWATER FL 33762

Mailing Address

SUITE 601 E & F AIRPORT BUSINESS CENTER
14004 ROOSEVELT BLVD
CLEARWATER FL 33762



2. Principal Place of Business

1100 34th Street S.

3. Mailing Address

1100 34th Street South

Suite, Apt., etc.

Suite, Apt., etc.

ST PETERSBURG

ST PETERSBURG

City & State

FLORIDA

City & State

FLORIDA

Zip

33711

Country

USA

Zip

33711

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STOCKTON, DAVID
SUITE 601 E & F AIRPORT BUSINESS CENTER
14004 ROOSEVELT BLVD
CLEARWATER FL 33762

address change only.

7. Name and Address of New Registered Agent

Name

STOCKTON, DAVID

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

1100 34th Street South

ST PETERSBURG

City

ST PETERSBURG FL

Zip Code

33711

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STOCKTON, DAVID 188 BROADMEAD/TUNBRIDGE WELLS KENT, UK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORRIGAN, JEREMY 118 FARNCOMBE ROAD/ TUNBRIDGE WELLS KENT UK	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAPSHOT, DEBBIE 17 MAGDALEN ROAD/ST LEONARDS ON SEA EAST SUSSEX UK TN37 6EP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

127 327 3640

SIGNATURE:

SIGNATURE REQUIRED

9-22-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)