

2001 UNIFORM BUSINESS REPORT (UBR)

0028260 AF

DOCUMENT # M99000001053

1. Entity Name
NETBRIDGE SYSTEMS LTD LIMITED COMPANY

FILED

01 APR -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1100 34TH STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address
1100 34TH STREET SOUTH
ST. PETERSBURG FL 33711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3851 62nd Ave N.

3. Mailing Address

3851 62nd Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit H, PARK PL CENTER

Unit H, PARK PL CENTER

City & State

City & State

FL ST PETERSBURG

ST PETERSBURG FL

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33781

USA

Zip

Country

33781

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOCKTON, DAVID
1100 34TH STREET SOUTH
ST. PETERSBURG FL 33711

Name

SAME AS

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

3851 62nd Ave N, Unit H Park Place
CENTER,

City

ST PETERSBURG

FL

Zip Code

33781

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STOCKTON, DAVID
188 BROADMEAD/TUNBRIDGE WELLS
KENT, UK ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CORRIGAN, JEREMY
118 FARNCOMBE ROAD/ TUNBRIDGE WELLS
KENT UK ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WAPSHOT, DEBBIE
17 MAGDALEN ROAD/ST LEONARDS ON SEA
EAST SUSSEX UK TN37 6EP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400003993504--0
-04/12/01--01023--003
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/2/01

727 525 1344

Daytime Phone #

CR2E083 (11/00)