

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095185

1. Entity Name  
MANAGEMENT INFORMATION TECHNOLOGY, INC.

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90010 016 \*\*\*150.00

Principal Place of Business  
3825 HENDERSON BLVD. STE 400  
TAMPA FL 33629

Mailing Address  
3825 HENDERSON BLVD. STE 400  
TAMPA FL 33629

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  
54-1495026  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RICCI, STEPHEN F  
3825 HENDERSON BLVD, STE 400  
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES. DIRECTOR  
STEPHEN F. RICCI  
3825 HENDERSON BLVD #400  
TAMPA FL 33629

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V PRES.  
NORA SCANDELLA  
3825 HENDERSON BLVD STE 400  
TAMPA FL 33629

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 officers.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/02 813-282-9047  
Date Daytime Phone #

CR2E034 (10/00)