

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90127 046 \*\*\*150.00

**DOCUMENT # P00000105875**

1. Entity Name

JIBE, INC.

Principal Place of Business

1901 ULMERTON RD.

400

CLEARWATER FL 33672

Mailing Address

1901 ULMERTON RD.

400

CLEARWATER FL 33672

2. Principal Place of Business

302 Knights Run Rd

Suite Apt. #, etc.

1250

3. Mailing Address

302 Knights Run Rd

Suite Apt. #, etc.

1250

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

59-3690256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMITZER, GREGORY S

907 S. BRUCE STREET

TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Gregory S. Schmitzer

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

302 Knights Run Road

Suite 1250

City

Tampa

FL

Zip Code

33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	SCHMITZER, GREGORY S	
STREET ADDRESS	907 S. BRUCE STREET	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANO, KERRY M	
STREET ADDRESS	146 GIRALDA BLVD. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARLEWSKI, KEN	
STREET ADDRESS	807 S HOWARD # 201	
CITY-ST-ZIP	TAMPA FL 33606	
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	President - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregory S. Schmitzer	
STREET ADDRESS	302 Knights Run Road - Suite 1250	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert N. Ater	
STREET ADDRESS	302 Knights Run Road - Suite 1250	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Marlewski	
STREET ADDRESS	302 Knights Run Road - Suite 1250	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Scott Miller	
STREET ADDRESS	100 N. Tampa St, Suite 2675	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jared Rodriguez	
STREET ADDRESS	5515 Anderson Rd - Suite B	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 REQUIRED**

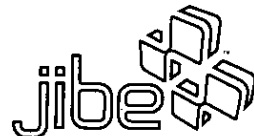
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #

Attachment

Doc. # 00000105875-  
121703



July 11, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find the enclosed 2002 Uniform Business Report and check. Upon receipt of this report in June 2002, I called the Division of Corporations (850) 488-9000 and spoke with a representative and realized that I did not receive the original 2002 UBR report (she explained that they were mailed out in January and I should have received it in February). She advised me that I should fill out this report and send it in with a check for \$150- as the Division of Corporations allows for a one time waiver, as I did not realize that I should have been looking for the UBR in February- I know now.

Please let me know if there are any problems. I can be reached at 813-262-2555 x2288. Thank you for your understanding.

Sincerely,

Laura Taylor  
Controller