

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90081 038 ***150.00

DOCUMENT # P01000040136

1. Entity Name

BINDING TECHNOLOGIES, INC.

Principal Place of Business

**14502 N DALE MABRY HWY. SUITE 200
TAMPA FL 33618**

Mailing Address

**14502 N DALE MABRY HWY. SUITE 200
TAMPA FL 33618**

2. Principal Place of Business

10333 Green Links Dr

Suite, Apt. #, etc.

Tampa FL

City & State

33626 USA

Zip

Country

3. Mailing Address

10333 Green Links Dr

Suite, Apt. #, etc.

Tampa FL

City & State

33626 USA

Zip

Country

4. FEI Number

59-3719923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, SCOTT F.

234 E DAVIS BLVD

TAMPA FL 33606

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, 2002 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 ☐ Delete
NAME **President**
STREET ADDRESS **Andrea J Conda**
CITY-ST-ZIP **14502 N Dale Mabry Hwy # 200**
Tampa FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **P; S**
STREET ADDRESS **Andrea J Conda**
CITY-ST-ZIP **10333 Green Links Dr**
Tampa, FL 33626

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Andrea Conda President

4-14-02 813 962-3371
426 3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)