

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070744

1. Entity Name

BRIGHAM CONSULTING, INC.

Principal Place of Business

Mailing Address

3000 GULF TO BAY BLVD  
SUITE 103  
CLEARWATER FL 34619  
US

3000 GULF TO BAY BLVD.  
SUITE 103  
CLEARWATER FL 34619  
US

2. Principal Place of Business

360 NORTH BROAD

Suite, Apt. #, etc.

FRONT

City & State

DOYLESTOWN PA

Zip

18501

Country

USA

3. Mailing Address

3444 EAST LAKE RD

Suite, Apt. #, etc.

SUITE 412

City & State

PALM HARBOR FL

Zip

34685

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3337725

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMARCO, ROBERT F.  
3440 EAST LAKE ROAD, #104  
PALM HARBOR FL 34685

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRIGHAM, JAMES G	
STREET ADDRESS	3848 TARIAN COURT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRIGHAM, SHANNON	
STREET ADDRESS	3848 TARIAN COURT	
CITY-ST-ZIP	PALM HARBOR FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES G. BRIGHAM PRESIDENT

Date

Daytime Phone #

2-15-2000 215-340-4607

CR2E034 (9/99)