

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035834

1. Entity Name

TIAMETRI, INC.

Principal Place of Business

4802
5206 GEORGE RD
TAMPA FL 33625
US

Mailing Address

4802
5206 GEORGE RD
TAMPA FL 33634-6245
US

2. Principal Place of Business

4802 GEORGE RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33654-

Country

USA

Zip

Country

4. FEI Number

59-3382615

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D DEVITO, TINA M 6402 FALCON COURT TAMPA FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVITO, MELISSA A 6402 FALCON COURT TAMPA FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVITO, TRICIA L 6402 FALCON COURT TAMPA FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVITO, MEREDITH L 6402 FALCON COURT TAMPA FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE:

Tina M. Devito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-00

Date

<813>243-1000

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE