

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035834

1. Entity Name

TIAMETRI, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90490 040 ***150.00

Principal Place of Business

4802 GEORGE RD
TAMPA FL 33654
US

Mailing Address

5206 GEORGE RD
TAMPA FL 33625
US

A0030811

2. Principal Place of Business

6029 MEMORIAL HIWAY

3. Mailing Address

6029 MEMORIAL HIWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3382615

Applied For

Not Applicable

Zip

33615

Country

US

HILLSBOROUGH

Zip

33615

Country

US

HILLSBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEVITO, TINA M
5206 GEORGE RD
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name

SAME

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

6029 MEMORIAL HIWAY

City

Tampa

FL

Zip Code
33615

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 D ☐ Delete
NAME DEVITO, TINA M
STREET ADDRESS 6402 FALCON COURT
CITY-ST-ZIP TAMPA FL 33625

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Tina DeVito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-01

(813)243-1000

Date

Daytime Phone #

CR2E034 (10/00)