

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079788

1. Entity Name

SYSTEMS CONSULTING GROUP OF TAMPA BAY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90077 005 ***150.00

Principal Place of Business

Mailing Address

~~2100 9TH ST N~~
~~2ND FLOOR~~
~~ST PETERSBURG FL 33704~~

~~2100 9TH ST N~~
~~2ND FLOOR~~
~~ST PETERSBURG FL 33704-3259~~

2. Principal Place of Business

3. Mailing Address

2401 FIRST AVENUE NORTH

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG

4. FEI Number

59-3406808

Applied For

Not Applicable

Zip

Country

Zip

Country

33713

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

RAY, ROBERT M

2100 9TH ST N SEE ABOVE
2ND FLR
ST PETERSBURG FL 33704

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

03 23 00

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	P	<input type="checkbox"/> Delete
NAME	RAY, ROBERT M	
STREET ADDRESS	2100 9TH ST N - 2ND FLR SEE ABOVE	
CITY - ST - ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

03 23 00

CR2E034 (9/99)