

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90093 003 ***150.00

DOCUMENT # P97000069410

1. Entity Name
PRIMESITE CONSULTING GROUP, INC.



Principal Place of Business
**11502 NORTH 56TH ST
TAMPA FL 33617**

Mailing Address
**11502 NORTH 56TH ST
TAMPA FL 33617**

22004148



2. Principal Place of Business
**11007 N 56th Street
Suite, Apt. #, etc.
Suite 209**

3. Mailing Address
**11007 N 56th Street
Suite, Apt. #, etc.
Suite 209**

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3462469

Applied For
☐ Not Applicable

Zip
33617

Country
USA

Zip
33617

Country
USA

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

**BERNARDO, CHARLES A JR
6317 S. QUEENSWAY DRIVE
TAMPA FL 33617**

Name
Bernardo, Charles A Jr
Street Address (P.O. Box Number is Not Acceptable)
6311 S Queensway Drive

City
Tampa **FL** Zip Code
33617

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

2-3-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERNARDO, C A JR
6311 S QUEENSWAY DR
TAMPA FL 33617** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-3-03

813-985-9345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)