

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071490

1. Entity Name

CONVERGENCE INTERNATIONAL, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90027 013 \*\*\*150.00

Principal Place of Business

Mailing Address

229 COUNTRYSIDE KEY  
OLDSMAR FL 34677

229 COUNTRYSIDE KEY  
OLDSMAR FL 30144-6024

2. Principal Place of Business

3. Mailing Address

2774 N. Cobb Pkwy

2774 N. Cobb Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 109, #243

Suite 109, #243

City & State

City & State

Kennesaw, GA

Kennesaw, GA

Zip

Country

Zip

Country

30152

USA

30152

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3455194

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

KRAMER, SCOTT

229 COUNTRYSIDE KEY

OLDSMAR FL 34677

Name

William Kramer

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

3008 Landmark Blvd. #205

City Palm Harbor

FL

Zip Code 34684

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

*William J. Kramer* William J. KRAMER

3-31-00

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 ☐ Delete  
KRAMER, SCOTT  
229 COUNTRYSIDE KEY  
OLDSMAR FL 34677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☒ Change ☐ Addition  
Scott Kramer  
4028 McPherson Dr.  
Acworth, GA 30101

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

*Scott Kramer* SCOTT KRAMER

3/28/2000

678 469 3862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)