

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100925

1. Entity Name: BRIDGE SOFTWARE SOLUTIONS, INC.

BRIDGE SOFTWARE SOLUTIONS, INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90005 027 \*\*\*150.00

Principal Place of Business

Mailing Address

4717 HWY 27 N  
STE F5  
DAVENPORT FL 33837  
US

5225 US HWY 27 N  
DAVENPORT FL 33837-8830  
US

2. Principal Place of Business

5401 KIRKMAN RD

3. Mailing Address

5401 KIRKMAN RD

Suite, Apt. #, etc.

# 325

Suite, Apt. #, etc.

325

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

6. Name and Address of Current Registered Agent

DERU, RAMESH  
6179 WESTGATE DR, #431  
ORLANDO FL 32835

DEVU RAMESH

4. FEI Number

59-3484012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DEVU, RAMESH	6179 WESTGATE DR, #431	ORLANDO FL 32835	<input type="checkbox"/>
PS	GUPTA, SURESH K	5225 US HWY 27 N	DAVENPORT FL 33837	<input type="checkbox"/>
TV	AGGARWAL, BRAHAM	5225 US HWY 27 N	DAVENPORT FL 33837	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SURESH GUPTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

Date

407 206 4011

Daytime Phone #

CR2E034 (9/99)