

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004392

1. Entity Name

HIGH-TECH COMMUNICATIONS CONSULTING, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90088 043 ***150.00

Principal Place of Business

Mailing Address

36181 EAST LAKE ROAD SUITE 169
PALM HARBOR FL 34685

36181 EAST LAKE ROAD SUITE 169
PALM HARBOR FL 34685-3142

2. Principal Place of Business

4701 W AZEELE ST

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Principal Business

City & State

TAMPA, FL

City & State

Address

Zip

33609

Country

USA

Zip

Country

4. FEI Number

22-3437895

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

MERKT, BARBARA E
36181 EAST LAKE ROAD SUITE 169
PALM HARBOR FL 34685

Name

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

4701 W AZEELE ST

City

TAMPA

FL

Zip Code

33609

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MERKT, BARBARA
STREET ADDRESS 5168 KARLBURG PLACE
CITY-ST-ZIP PALM HARBOR FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4701 W AZEELE ST
TAMPA, FL 33609

☒ Change ☐ Addition

TITLE
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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, or all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)