

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056460

1. Entity Name

TAMPASOFT, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90039 047 \*\*\*150.00

Principal Place of Business

Mailing Address

15441 PLANTATION OAKS DR  
STE 5  
TAMPA FL 33647

15441 PLANTATION OAKS DR  
STE 5  
TAMPA FL 33647-2134

2. Principal Place of Business

3. Mailing Address

16057 Tampa Palms Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

184

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33647-2001 USA

4. FEI Number 59-3518482

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

SHARMA, NARESH  
15441 PLANTATION OAKS DR  
STE 5  
TAMPA FL 33647

Name

MEENAKSHI SHARMA

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

15441, PL Oaks Dr  
ste 5

City

Tampa

FL

Zip Code

33647

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 ☐ Delete  
NAME D  
STREET ADDRESS SHARMA, NARESH  
CITY-ST-ZIP 15441 PLANTATION OAKS DR #5  
TAMPA FL 33647

TITLE ☐ Change ☐ Addition  
NAME CEO  
STREET ADDRESS meenakshi Sharma  
CITY-ST-ZIP 15441, PL Oaks Dr #5  
Tampa, FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

*Meenakshi Sharma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/2000

Daytime Phone #

813-4944468

CR2E034 (9/99)