

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070051

1. Entity Name

TRIBRIDGE CONSULTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90081 012 ***150.00

Principal Place of Business

Mailing Address

5005 W. LAUREL ST.
 STE 211
 TAMPA FL 33607

5005 W. LAUREL ST.
 STE 211
 TAMPA FL 33607-3836

2. Principal Place of Business

3. Mailing Address

600 N. Westshore Blvd.

600 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 800

Suite 800

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33609

33609



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3526660

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

BUBLEY & BUBLEY, P.A.
 3820 NORTHDAL BLVD., SUITE 312B
 TAMPA FL 33624

Name

David M. Jeffries, Esq.

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

220 South Franklin St.

City

Tampa

FL

Zip Code
 33602

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 PD ☐ Delete
 NAME DEMING, BRIAN K
 STREET ADDRESS 4607 BAY CREST DRIVE
 CITY-ST-ZIP TAMPA FL 33615

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

TITLE TD ☐ Delete
 NAME DIBENEDETTO, ANTHONY
 STREET ADDRESS 823 S. ROXMEERE ROAD
 CITY-ST-ZIP TAMPA FL 33609

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

TITLE SD ☐ Delete
 NAME HERDEGEN, MICHAEL J
 STREET ADDRESS 9367 1ST STREET, NE
 CITY-ST-ZIP ST. PETERSBURG FL 33702

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

TITLE D ☐ Delete
 NAME WALLACE, THOMAS E
 STREET ADDRESS 4810 WOODMERE ROAD
 CITY-ST-ZIP TAMPA FL 33609

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
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

813-287-8887

CR2E034 (9/99)