

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102956

1. Entity Name
CONVERGIT, INC.

FILED

00 MAY 12 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**20283 SR 7 SUITE 300
BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

**20283 SR 7
SUITE 300
BOCA RATON FL**

**PO BOX 1276
SUITE 300
BOCA RATON FL**

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33498

Zip
33498-1276

6. Name and Address of Current Registered Agent

Agent Resigned 12-13-99

REINSTATEMENT

4. FEI Number
65-0893586

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

City
Plantation FL Zip Code
33324

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 **Barbara A Burke** **BABARA A. BURKE** **3-31-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
SPECIAL ASSISTANT SECRETARY

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
ANNA MORADI ☐ Delete
20283 SR 7 SUITE 300
BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT SKELNER ☐ Delete
20283 SR 7 SUITE 300
BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM TESSARO ☐ Delete
20283 SR 7 SUITE 300
BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10000326441-0
-05/24/00--01005--002
******750.00 ****750.00**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 March

Date

5618842316

Daytime Phone #

CR2E034 (9/99)