

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024484

1. Entity Name

BIT CONSULTING, INC.

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

05-03-2000 90013 036 ***150.00

Principal Place of Business

1264 SUMMERWOOD CIRCLE
WELLINGTON FL 33414

Mailing Address

1264 SUMMERWOOD CIRCLE
WELLINGTON FL 33414-5147

2. Principal Place of Business

BIT Consulting, Inc.
PMB 266 Suite 22
11924 Forest Hill Blvd.
Wellington, FL 33414-6258

3. Mailing Address

BIT Consulting, Inc.
PMB 266 Suite 22
11924 Forest Hill Blvd.
Wellington, FL 33414-6258



DO NOT WRITE IN THIS SPACE

4. FEI Number

69-09 02894

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, ROBERT
1264 SUMMERWOOD CIRCLE
WELLINGTON FL 33414

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.

Robert Tucker

(NOTE: Registered Agent signature required when reinstating)

1-27-2000

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 ☐ Delete
NAME D
STREET ADDRESS TUCKER, ROBERT
CITY-ST-ZIP 1264 SUMMERWOOD CIRCLE
WELLINGTON FL 33414

TITLE ☐ Delete
NAME D
STREET ADDRESS TUCKER, DIANE
CITY-ST-ZIP 1264 SUMMERWOOD CIRCLE
WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

4-24-2000

Date

561-628-6254

Daytime Phone #

CR2E034 (9/99)