

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025204

1. Entity Name

INFORMATION TECHNOLOGIES GROUP OF TAMPA BAY, INC

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90101 017 ***150.00

Principal Place of Business

15310 AMBERLY DR
SUITE 380
TAMPA FL 33647

Mailing Address

15310 AMBERLY DR
SUITE 380
TAMPA FL 33647-1642

2. Principal Place of Business

100 Tampa Oaks Blvd
Suite, Apt. #, etc.
145

3. Mailing Address

100 Tampa Oaks Blvd
Suite, Apt. #, etc.
145

City & State

Temple Terrace FL

City & State

Temple Terrace FL

4. FEI Number

59-3554685

Applied For

Not Applicable

Zip

Country

33637

US

Zip

Country

33637

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of ~~Current~~ Registered Agent

LANIGAN, DAVID C
FIRST UNION CENTER SUITE 1300
100 S ASHLEY DRIVE
TAMPA FL 33602

Name

David Lanigan, P.A.

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

10927 N 56th Street

City

Tampa

FL

Zip Code

33617

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	D	<input type="checkbox"/> Delete
NAME	FIELDING, DODD	
STREET ADDRESS	15210 AMBERLY DR APT 1621	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman of the Board + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fielding, Dodd	
STREET ADDRESS	18008 Forest Retreat Lane	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE	Director + EUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kephart, Barry	
STREET ADDRESS	1208 Big Sky Drive	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	Director + EUP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Churchfield, Jimmy	
STREET ADDRESS	14502 Anchorat Rd	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)