

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000027258**

1. Entity Name

BRIDGE TECHNOLOGIES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90180 011 ***150.00

Principal Place of Business

10263 Gandy Blvd, N
Apt. 2203
St. Petersburg, FL 33702

Mailing Address

10263 Gandy Blvd, N
Apt. 2203
St. Petersburg, FL 33702

2. Principal Place of Business

4474 Clipper Cove
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5166
Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32541

Country

USA

Zip

32540

Country

USA

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVID D. TEETZ
10263 Gandy Blvd, N
Apt 2203
St. Petersburg, FL 33702

7. Name and Address of New Registered Agent

Name

DAVID D. TEETZ

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

4474 Clipper Cove

City

DESTIN, FL

FL

Zip Code

32541

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent

SIGNATURE

David O. Teetz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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. DIRECT PRESIDENT, OFFICERS AND DIRECTORS

DAVID O. TEETZ
10263 Gandy Blvd, N
Apt. 2203, St. Petersburg, FL 33702

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President, Secretary, Treasurer
DAVID O. TEETZ
P.O. Box 5166
DESTIN, FL. 32540

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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

David O. Teetz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID O. TEETZ

President

5-1-00

Date

850 882-8813

Daytime Phone #