

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030595

1. Entity Name
CRIBIS CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90064 016 ***150.00

Principal Place of Business
2701 NORTH ROCKY POINT DR. STE. 1120
TAMPA FL 33607

Mailing Address
2701 NORTH ROCKY POINT DR. STE. 1120
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701 NORTH ROCKY POINT DR. SUITE 1100
Suite, Apt. #, etc.

3. Mailing Address
2701 NORTH ROCKY POINT DR. SUITE 1100
Suite, Apt. #, etc.

SUITE 1100
City & State
TAMPA, FL

SUITE 1100
City & State
TAMPA, FL

Zip
33607

Country
USA

Zip
33607

Country
USA

4. FEI Number **59-3588305**

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

CRABTREE, CHARLES W JR.
101 E. KENNEDY BLVD. STE. 3400
TAMPA FL 33602

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 (NOTE: Registered Agent signature required when re-stating) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D GHERARDI, CARLO VIA LAME, 15 40122 BOLOGNA ITALY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRABONI, FRABIZIO VIA LAME, 15 40122 BOLOGNA ITALY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRETI, MARCO VIA LAME, 15 40122 BOLOGNA ITALY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **CARLO GHERARDI** **03/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)