

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90068 036 ***150.00

DOCUMENT # P99000077587

1. Entity Name
SHARK BYTE SOLUTIONS, INC.

Principal Place of Business

**2533 ANDERSON DR. W.
CLEARWATER FL 33761**

Mailing Address

**2533 ANDERSON DR. W.
CLEARWATER FL 33761**

2. Principal Place of Business

225 Highland Woods Dr.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

34695

Country

Zip

34695

Country

4. FEI Number

59-3597384

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHARKEY, DOUGLAS M
2533 ANDERSON DR. W.
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name **Sharkey, Douglas M.**
Street Address (P.O. Box Number is Not Acceptable)
225 Highland Woods Dr.
City **Safety Harbor** FL **34695**

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, 2002 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 **D** ☐ Delete
NAME **SHARKEY, DOUGLAS M**
STREET ADDRESS **2533 ANDERSON DR. W.**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
NAME **SHARKEY, STACEY G**
STREET ADDRESS **2533 ANDERSON DR. W.**
CITY-ST-ZIP **CLEARWATER FL 33761**

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 **225 Highland Woods Dr.**
CITY-ST-ZIP **Safety Harbor, FL 34695**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP **Safety Harbor, FL 34695**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

Date

727-797-2857

Daytime Phone #

CR2E034 (9/01)