

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90104 016 ***155.00

DOCUMENT # P99000079512

1. Entity Name

IT/TCB, INC.

Principal Place of Business

Mailing Address

2020 WHITE ASH WAY
TALLAHASSEE FL 32308

2020 WHITE ASH WAY
TALLAHASSEE FL 32308-6148

00008885

2. Principal Place of Business

4225 WOODHILL CT

3. Mailing Address

4225 WOODHILL CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

58-3601167

Applied For

Not Applicable

Zip

32303

Country

Zip

32303

Country

U.S.A.:-

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANEY, MIKAL E
2020 WHITE ASH WAY
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

MIKAL HANEY

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

4225 WOODHILL CT

City

TALLAHASSEE

FL

Zip Code

32303

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

Mikal Haney

1-20-2000

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

TITLE ☐ Delete
NAME PSTD
STREET ADDRESS HANEY, MIKAL E
CITY-ST-ZIP 2020 WHITE ASH WAY
TALLAHASSEE FL 32308

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME PSTD
STREET ADDRESS MIKAL HANEY
CITY-ST-ZIP 4225 WOODHILL CT
TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Mikal Haney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

(850) 562-1699

Daytime Phone #

CR2E034 (9/99)