

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094032

1. Entity Name

DIGICODE DESIGN, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90033 013 ***150.00

Principal Place of Business

Mailing Address

1000 BRIARWOOD AVENUE
TAMPA FL 33624

1000 BRIARWOOD AVENUE
TAMPA FL 33613-1536

2. Principal Place of Business

5431 Friarsway Dr.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 270851
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-3606212

Applied For

Not Applicable

Zip

33624

Country

Hillsborough

Zip

33688

Country

USA

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

CAPEN, JEFFREY
5431 FRIARSWAY DRIVE
TAMPA FL 33624

5431 Friarsway Dr.

Name

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

City

FL

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CAPEN, JEFFREY 5431 FRIARSWAY DRIVE TAMPA FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MANDANICH, VIRGIL G 5431 FRIARSWAY DRIVE TAMPA FL 33624 <i>1000 Briarwood Ave 33613 Tampa, FL 33624</i>
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00
3-27-00

Date

813-785-3792
813-961-027

Daytime Phone #

CR2E034 (9/99)