

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90080 027 ***150.00

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DOCUMENT # F02000005151

1. Entity Name

ADVANCED DATA PROCESSING, INC.



Principal Place of Business

**600 TRAVIS, SUITE 6110
HOUSTON TX 77002**

Mailing Address

**600 TRAVIS, SUITE 6110
HOUSTON TX 77002**

2. Principal Place of Business

520 NW 165th Street

3. Mailing Address

520 NW 165th Street

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

City & State

Miami FL

Zip

33169

Country

US

Zip

33169

Country

US

4. FEI Number

22-3875190 **APPLIED FOR**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (Typed or Printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **GRAHAM, DAVID J**
STREET ADDRESS **600 TRAVIS, SUITE 6110**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **PT** ☐ Delete
NAME **SHAMON, DOUG**
STREET ADDRESS **600 TRAVIS, SUITE 6110**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **S** ☐ Delete
NAME **ELLIOTT, GREGORY L**
STREET ADDRESS **600 TRAVIS, SUITE 6110**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Bill DeZonia** ☐ Change ☒ Addition
NAME **600 Travis, Suite 6110**
STREET ADDRESS **Houston TX 77002**
CITY-ST-ZIP

TITLE **George Kelly** ☐ Change ☒ Addition
NAME **600 Travis, Suite 6110**
STREET ADDRESS **Houston TX 77002**
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 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

3/28/03

Date

954 459 0659

Daytime Phone #

CR2E034 (10/02)