

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90031 005 ***150.00

DOCUMENT # K03644

1. Entity Name
HULL SPEED DATA PRODUCTS, INC.

Principal Place of Business

Mailing Address

1000 PENN ST.
STE 8
FL 32901

P O BOX 1749
MELBOURNE FL 32902-1749
US

0002040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

145 EAST DRIVE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE, FLA.

4. FEI Number 59-2858540

Applied For

Not Applicable

Zip
32904

Country
US

Zip

Country

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

Name

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

City

FL

Zip Code

O'BRIEN, JAMES M
1686 WEST HIBISCUS BLVD
MELBOURNE FL 32901

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
P
ESTUS, DONN R
1800 PENN ST. STE 8
MELBOURNE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
145 EAST DRIVE
MELBOURNE, FL, 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
DELOATCHE, JR., JAMES F
558 LAKE ASHLEY CIRCLE
W. MELBOURNE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
145 EAST DRIVE
MELBOURNE, FL, 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

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

TITLE
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☐ Delete

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

James F. DeLoatch, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-00 (407) 768-0063

CR2E034 (9/99)