

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

FILED

02 AUG 26 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Entity Name  
*DATA-FLOW ACCOUNTING SERVICE INC.*  
*1157464*

900007391379--1  
-08/28/02--01045--002  
\*\*\*\*400.00 \*\*\*\*400.00

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>211 N PALMBOLE</i>		3. Mailing Address <i>PO BOX 547778</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ORLANDO FL</i>		City & State <i>ORLANDO FL</i>	
Zip <i>32801</i>	Country <i>ORANGE</i>	Zip <i>32854</i>	Country <i>ORANGE</i>

4. FEI Number <i>65-0092402</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>NINA DEVANEUARDIA</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>4109 FAIRVIEW VISTA PT #316</i>	
City <i>ORLANDO</i>	FL Zip Code <i>32804</i>

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]* DATE *8/12/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <i>PRESIDENT / DIRECTOR</i>	NAME <i>NINA DEVANEUARDIA</i>	TITLE <i>300007391379--1</i>	NAME <i>-08/28/02--01045--003</i>
STREET ADDRESS <i>4109 FAIRVIEW VISTA PT #316</i>		STREET ADDRESS <i>****150.00 ****150.00</i>	
CITY-ST-ZIP <i>ORLANDO FL 32804</i>		CITY-ST-ZIP	
TITLE	NAME	<b>DO NOT WRITE IN THIS SPACE</b>	
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CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *8/12/02* (407) 522-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)