## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P00000101985 1. Entity Name PRECISION DATA SOLUTIONS, INC. 05-03-2001 90978 014 \*\*\*150.00 Mailing Address Principal Place of Business 16334 S.W. 11ST STREET 16334 S.W. 11ST STREET PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State <u>65-</u> 105 1685 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required - --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEDINA, NELSON JR Street Address (P.O. Box Number is Not Acceptable) 16334 S.W. 11ST STREET PEMBROKE PINES FL 33027 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition PD TITLE ☐ Delete TITLE NAME MEDINA, NELSON JR NAME STREET ADDRESS 16334 S.W. 11ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 ☐ Addition Change □ Delete TITLE TITLE NAME NAME MEDINA, ELIZABETH STREET ADDRESS STREET ADDRESS 16334 S.W. 11ST STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAM