

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P93000088201**

1. Entity Name  
**FINANCIAL DATA SERVICES, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**03 AUG -7 PM 12:14**

Principal Place of Business <b>4800 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246</b>	Mailing Address <b>4800 DEER LAKE DRIVE EAST ATTN: KAREN BRYSON JACKSONVILLE FL 32246-6484</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **13-3749871**      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

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ 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**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD <b>CUMMINGS, JOHN W</b>	<input type="checkbox"/> Delete
NAME	<b>4800 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD <b>BRIDY, WILLIAM A</b>	<input type="checkbox"/> Delete
NAME	<b>4800 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T <b>PLESSER, ROBERT E.</b>	<input type="checkbox"/> Delete
NAME	<b>4800 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP <b>HOCKERSMITH, SHARON</b>	<input type="checkbox"/> Delete
NAME	<b>4800 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D <b>GLENN, TERRY K.</b>	<input type="checkbox"/> Delete
NAME	<b>4800 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D <b>OHANLON, KEVIN</b>	<input type="checkbox"/> Delete
NAME	<b>4800 DEER LAKE DRIVE EAST JACKSONVILLE FL 32246</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>800022351278</b>	
CITY-ST-ZIP	<b>08/15/03--01057--003    **150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      1/22/03      (904) 218-5288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**William A. Bridy, President**