

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065147

1. Entity Name

EDATA.COM, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90030 012 ***150.00

Principal Place of Business

6601 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

Mailing Address

6601 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0852445

Applied For

Not Applicable

Zip

Country

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

QUARLES, THOMAS J
6601 PARK OF COMMERCE DRIVE
BOCA RATON FL 33431

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.

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	PD	<input type="checkbox"/> Delete
NAME	ASHER, HANK	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY #201B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIEGEL, IRA	
STREET ADDRESS	16766 KNIGHTSBRIDGE LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGHT, JACK	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY #201B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KLINE, KAREN	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY #201B	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	QUARLES, THOMAS	
STREET ADDRESS	525 N. OCEAN BLVD., #1615	
CITY-ST-ZIP	POMPANO FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANK ASHER	
STREET ADDRESS	6601 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRA SIEGEL	
STREET ADDRESS	16766 KNIGHTSBRIDGE LANE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK HIGHT	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY #201B	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN KLINE	
STREET ADDRESS	4800 NORTH FEDERAL HIGHWAY #201B	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS QUARLES	
STREET ADDRESS	525 N. OCEAN BLVD., #1615	
CITY-ST-ZIP	POMPANO, FL 33062	
TITLE	JAMES SWIFT (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES SWIFT (V)	
STREET ADDRESS	6601 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. QUARLES

3-3-00

Date

581-999-4403

Daytime Phone #

CR2E034 (9/99)