

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V13416**

1. Entity Name  
**DATAFORCE INTERNATIONAL, INC.**

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90029 023 \*\*\*550.00

Principal Place of Business  
**3507 FRONTAGE RD.  
STE 120  
TAMPA FL 33607  
US**

Mailing Address  
**3507 FRONTAGE RD.  
STE 120  
TAMPA FL 33607  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3104231**

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

**BARAN GARY J  
4814 KNIGHTS LOOP  
SUITE 6  
PLANT CITY FL 33565**

Name  
**GARY BARAN**

Street Address (P.O. Box Number is Not Acceptable)  
**205 Palm Island SW**

City **Clearwater** FL Zip Code **33767**

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)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>TDVP</b>	<input type="checkbox"/> Delete
NAME	<b>BARAN, GARY J</b>	
STREET ADDRESS	<b>4814 KNIGHTS LOOP</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33565</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>CARRUTHENS, ROBERT D</b>	
STREET ADDRESS	<b>3012 BARRETT AVE</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARY BARAN</b>	
STREET ADDRESS	<b>205 PALM ISLAND SW</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Carruthens</b>	
STREET ADDRESS	<b>PO BOX 400</b>	
CITY-ST-ZIP	<b>BARNSVILLE NC 28709</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		

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]* **8/9/00** **813 281-0016**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)