

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90434 013 ***150.00

PROFORMA AT

DOCUMENT # L12016

1. Entity Name

DATA VOICE, INCORPORATED

Principal Place of Business

**2510 NE KIRBY AVE
 STE 110
 PALM BAY FL 32905
 US**

Mailing Address

**P.O. BOX 061000
 PALM BAY FL 32906-1000
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 S. Harbor City Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 124

City & State

Melbourne, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32901

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WITHERSPOON, JAMES H., JR.
 2315 KALEEN CIR, NE
 PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name

Witherspoon, James H., Jr.

Street Address (P.O. Box Number is Not Acceptable)

10819 Satinwood Circle

City **Orlando**

FL

Zip Code

32825

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]

1/31/02

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **WITHERSPOON, JAMES H. JR**
 STREET ADDRESS **2315 KALEEN CIR, NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **DS** ☒ Delete
 NAME **WITHERSPOON, SHIRLEY M.**
 STREET ADDRESS **2315 KALEEN CIR., NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **D** ☐ Delete
 NAME **ANDERSON, GEORGE**
 STREET ADDRESS **180 S. SENTINEL PEAK RD.**
 CITY-ST-ZIP **TUCSON AZ**

TITLE **D** ☐ Delete
 NAME **VARRA, REGINALD T.**
 STREET ADDRESS **2761 BUCKINGHAM WAY**
 CITY-ST-ZIP **CRONA CA**

TITLE **D** ☐ Delete
 NAME **NERY, CARL G.**
 STREET ADDRESS **1761 ANCHORAGE ST. NW**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **Varra, Reginald T.**
 STREET ADDRESS **1455 Washington Blvd. # 124**
 CITY-ST-ZIP **Stanford, CT 06902**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Nery, Carl G.**
 STREET ADDRESS **1761 Anchorage St. NW**
 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 (321) 724-1231

CR2E034 (9/01)