

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000026078

Entity Name: DATAVISION, INC.**Current Principal Place of Business:**4905 34TH STREET S, SUITE 142
ST. PETERSBURG, FL 33711**Current Mailing Address:**4905 34TH STREET S, SUITE 142
ST. PETERSBURG, FL 33711 US**FEI Number: 82-0547218****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STAACK, SIMMS & REIGHARD, PLLC
900 DREW STREET, SUITE 1
CLEARWATER, FL 33755 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	ABOLOFIA, MARK
Address	4905 34TH STREET S, SUITE 142
City-State-Zip:	ST. PETERSBURG FL 33711

Title	PRESIDENT AND DIRECTOR
Name	MCKEEVER, KATHY
Address	4905 34TH STREET S, SUITE 142
City-State-Zip:	ST. PETERSBURG FL 33711

Title	DIRECTOR
Name	SHERIDAN, KEVIN
Address	4905 34TH STREET S, SUITE 142
City-State-Zip:	ST. PETERSBURG FL 33711

Title	DIRECTOR
Name	MCKEEVER, MICHAEL J
Address	4905 34TH STREET S, SUITE 142
City-State-Zip:	ST. PETERSBURG FL 33711

Title	CHAIRMAN
Name	PERONE, KATHY
Address	4905 34TH STREET S, SUITE 142
City-State-Zip:	ST. PETERSBURG FL 33711

Title	CFO
Name	JACKAPINO, ANTHONY
Address	4905 34TH STREET S, SUITE 142
City-State-Zip:	ST. PETERSBURG FL 33711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY PERONE**CHAIRMAN****02/03/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date