2001 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 308767** Feb 27, 2001 8:00 am Secretary of State DATA PROCESSING SERVICES, INC. 02-27-2001 90306 028 ***150.00 Principal Place of Business Mailing Address 4175 E BAY DR #110 4175 E BAY DR #110 CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1150316 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Howe, Eric Street Address (P.O. Box Number is Not Acceptable) 4175 East Bay Dr. Stello HOWE, ERIC LYNCH, WILLIAM P 4175 E BAY DR #110 **CLEARWATER FL 33764** 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. <u>⇔/ao/o</u> SIGNATURE (FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TSD **UST** ☐ Delete TITLE Change ☐ Addition SMALL, ANITA C. Small, Anita C. NAME 4175 East Bay Dr. Ste 110 2240 BELLEAIR RD., SUITE 160 475 6804 DK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP Clearwater, FL 33764 TITLE Change TITLE ☐ Addition hynch, William P. LYNCH, WILLIAM P NAME NAME 2240 BELLEAIR AD, SUITE 1807 4(75 G. BOY DR 4175 East Bay Dr. Ste 110 STREET ADDRESS STREET ADDRESS CLEARWATER FE 33764 CITY-ST-ZIP CITY-ST-ZIP Clearwoter, FL 33764 OWE ERIC TITLE TITLE ☐ Change **Addition** Howe Fric 4175 East Bay Dr. Stello NAME 4175 E. PAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEORWARK FL 37764 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/01 727-532-9981