

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 18, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 378875**

1. Entity Name  
**DATA FINANCIAL, INC.**

Principal Place of Business 101 CENTURY DR STE 210 JACKSONVILLE 32216 US	FL	Mailing Address 101 CENTURY 21 DR STE 210 JACKSONVILLE 32216 US	FL
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2. Principal Place of Business 806 RIVERSIDE AVENUE	3. Mailing Address P.O. BOX 2286
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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4. FEI Number <b>59-1346874</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 32204	Country US	Zip 32203	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

JACKSON FRED C.  
 101 CENTURY 21 DR  
 STE 210  
 JACKSONVILLE FL  
 32216 US

**7. Name and Address of New Registered Agent**

Name  
 JACKSON FRED C  
 Street Address (P.O. Box Number is Not Acceptable)  
 806 RIVERSIDE AVENUE  
 City JACKSONVILLE FL Zip Code 32203

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 FRED C JACKSON DATE 06/18/2001  
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 \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VPCF WILLIAM VOGEL 101 CENTURY 21 DR STE 210 JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC BROOKS, FAISON, T. 101 CENTURY 21 DR STE 210 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLEMENTS EDWIN O. 101 CENTURY 21 DR STE 210 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JACKSON, FRED C. JR 101 CENTURY 21 DR STE 210 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOGEL WILLIAM R 806 RIVERSIDE AVENUE JACKSONVILLE FL 32203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAISON TERRY B 806 RIVERSIDE AVENUE JACKSONVILLE FL 32203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JACKSON FRED C 806 RIVERSIDE AVENUE JACKSONVILLE FL 32203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William R. Vogel V Date 06/18/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)