

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

FL

US

Mailing Address101 CENTURY 21 DR
STE 210
JACKSONVILLE
32216

FL

US

2. Principal Place of Business
806 RIVERSIDE AVENUE**3. Mailing Address**
P.O. BOX 2286

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FLCity & State
JACKSONVILLE FL4. FEI Number
59-1346874Applied For
Not ApplicableZip Country
32204 USZip Country
32203 US5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**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****06/18/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 VPCF ☒ Delete
NAME WILLIAM VOGEL
STREET ADDRESS 101 CENTURY 21 DR STE 210
CITY-ST-ZIP JACKSONVILLE FL 32216TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SVPC ☐ Delete
NAME BROOKS, FAISON, T.
STREET ADDRESS 101 CENTURY 21 DR STE 210
CITY-ST-ZIP JACKSONVILLE FL 32216TITLE V ☒ Change ☐ Addition
NAME VOGEL WILLIAM R
STREET ADDRESS 806 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32203TITLE PCEO ☐ Delete
NAME CLEMENTS EDWIN O.
STREET ADDRESS 101 CENTURY 21 DR STE 210
CITY-ST-ZIP JACKSONVILLE FL 32216TITLE V ☒ Change ☐ Addition
NAME FAISON TERRY B
STREET ADDRESS 806 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32203TITLE C ☐ Delete
NAME JACKSON, FRED C. JR
STREET ADDRESS 101 CENTURY 21 DR STE 210
CITY-ST-ZIP JACKSONVILLE FL 32216TITLE C ☒ Change ☐ Addition
NAME JACKSON FRED C
STREET ADDRESS 806 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32203TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: William R. Vogel

V

06/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)