

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90052 034 ***150.00

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DOCUMENT # 381500

1. Entity Name

BST DATA SYSTEMS, INC.

Principal Place of Business

**5925 BENJAMIN CENTER DR. #110
P.O. BOX 23425
TAMPA FL 33623**

Mailing Address

**5925 BENJAMIN CENTER DR. #110
P.O. BOX 23425
TAMPA FL 33623**

00003366



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1348514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALDOR, CARLOS
9805 EMERALD LINKS DR
TAMPA FL 33626N**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PDT BALDOR, CARLOS 9805 EMERALD LINKS DR TAMPA FL 33626 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV BALDOR, LIANA 9805 EMERALD LINKS DR TAMPA FL 33626 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALDOR, CARLOS JR 10312 GREENHEDGES DR TAMPA FL 33626 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALDOR, JAVIER 11802 MIDDLEBURY DR TAMPA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALDOR, ANA M 11901 KEATING DR TAMPA FL 33626 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10305 Green Links Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Baldor

4/4/02

813-886-3300

Date

Daytime Phone #

CR2E034 (9/01)