

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 584399**1. Entity Name  
DATA PROFESSIONALS, INC.

## Principal Place of Business

3935 NW 38TH TERRACE

FORT LAUDERDALE  
333098

FL

## Mailing Address

POST OFFICE BOX 5046

FORT LAUDERDALE  
33310

FL

## 2. Principal Place of Business

3935 NW 38TH TERRACE

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## City &amp; State

FORT LAUDERDALE

FL

## City &amp; State

Zip  
33309

Country

Zip

Country

## 4. FEI Number

59-1849175

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SVENSSON, LARS G.

3935 N.W. 38TH TERRACE

LB

LAUDERDALE LAKES

33309

US

FL

## 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)

04/29/2001

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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete
NAME	SVENSSON, GLORIA G.	
STREET ADDRESS	3935 N.W. 38TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SVENSSON, LARS G.	
STREET ADDRESS	3935 N.W. 38TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARLIN THOMAS PVICE-PR		
STREET ADDRESS	3935 N.W. 38TH TERRACE		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309		
TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SVENSSON, GLORIA G.		
STREET ADDRESS	3935 N.W. 38TH TERRACE		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SVENSSON, LARS G.		
STREET ADDRESS	3935 N.W. 38TH TERRACE		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Thomas P. Carlin

VD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)