


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

182

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

DOCUMENT # <b>617809</b>	
1. Entity Name <b>Data Systems of North Florida, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>909 NW 87th Drive</b>	3. Mailing Address <b>PO Box 12665</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32606</b>	Country <b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

*MRD*

4. FEI Number <b>59-1924151</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name <b>Sean O'Connor</b>
Street Address (P.O. Box Number is Not Acceptable) <b>5024 NW 27th CT</b>
City <b>Gainesville</b>
State <b>FL</b>
Zip Code <b>32606</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Stafford Jones</b> <b>PO Box 12665</b> <b>Gainesville, FL 32604</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800041639058</b> <b>10/06/04--01026--021 **150.00</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09-26-04**

**352-256-9579**

Date

Daytime Phone #

CR2E034B (12/02)

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To Whom It May Concern:

From: Stafford Jones

Date: 09-26-2004

Re: Failed Online Corporate Report Filing

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I had attempted on several occasions to file my corporate reports online beginning in the last week of April. Each attempt failed. I would get only so far, and the web page would just hang.

Recently (on September 03<sup>rd</sup>), I requested the actual paper forms to file. Enclosed is that completed form along with a check. I have also enclosed a copy of my September 03<sup>rd</sup> request for the forms.

Thanks,  
Stafford Jones  
352-256-9579