

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 629158

FILED
Jan 11, 2002 8:00 AM
Secretary of State

Entity Name: DATA AUTOMATION SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

12630 MARTIN LUTHER KING BLVD
STE 1305
ALACHUA, FL 32615 US

Current Mailing Address:

P O BOX 1319
ALACHUA, FL 32616319 US

New Principal Place of Business:

14435 NW US HIGHWAY 441
UNIT 20
ALACHUA, FL 32615 US

New Mailing Address:

P O BOX 1319
ALACHUA, FL 32616319 US

FEI Number: 59-1931507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFER, DAVID A
14717 NW 103 TERRACE
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHAFER, DAVID A
Address: 14717 NW 103 TERRACE
City-St-Zip: ALACHUA, FL

Title: V () Delete
Name: CUARTERO, WILLIAM J
Address: 5354 OAK BAY DR. E.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHAFER, DAVID A
Address: 14717 NW 103 TERRACE
City-St-Zip: ALACHUA, FL 32616319 US

Title: V (X) Change () Addition
Name: CUARTERO, WILLIAM J
Address: 5354 OAK BAY DR. E.
City-St-Zip: JACKSONVILLE, FL 322771009 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. SCHAFER

P

01/11/2002

Electronic Signature of Signing Officer or Director

Date