

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698064

1. Entity Name  
DATA SYSTEMS MAINTENANCE INCORPORATED

Principal Place of Business

127 TEQUESTA STREET  
TAVERNIER FL 33070

Mailing Address

127 TEQUESTA STREET  
TAVERNIER FL 33070

2. Principal Place of Business

178 Plantation Ave

3. Mailing Address

178 Plantation Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavernier FL

City & State

Tavernier FL

Zip

33070

Country

Zip

33070

Country

4. FEI Number 59-2133627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSINA, PAUL V  
127 TEQUESTA STREET  
TAVERNIER FL 33070

Name Paul V. Messina

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

178 Plantation Ave

City Tavernier

FL

Zip Code 33070

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MESSINA, PAUL V.  
STREET ADDRESS 127 TEQUESTA ST  
CITY-ST-ZIP TAVERNIER FL

TITLE PD ☒ Change ☐ Addition  
NAME Messina, Paul V.  
STREET ADDRESS 178 Plantation Ave  
CITY-ST-ZIP Tavernier, FL 33070

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90030 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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