

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005216

1. Entity Name

DATA POINT SYSTEMS, INCORPORATED

Principal Place of Business

1510 EAST COLONIAL DRIVE, SUITE 306
ORLANDO FL 32803

Mailing Address

1510 EAST COLONIAL DRIVE, SUITE 306
ORLANDO FL 32803

2. Principal Place of Business

1955 CLIFF VALLEY WAY

3. Mailing Address

1955 CLIFF VALLEY WAY

Suite, Apt. #, etc.

235

Suite, Apt. #, etc.

235

City & State

ATLANTA, GA

City & State

ATLANTA, GA

Zip

30329

Country

DEKALB

Zip

30329

Country

DEKALB

REINSTATEMENT 01

4. FEI Number

58-2349054

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARMA, CHANDLER B
10600 KRESGE COURT
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

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

City

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

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	C	<input type="checkbox"/> Delete
NAME	SHARMA LYER, ASHWIN	
STREET ADDRESS	2022 GABLES WAY	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	VC	<input type="checkbox"/> Delete
NAME	SHARMA, PADDY	
STREET ADDRESS	2022 GABLES WAY	
CITY-ST-ZIP	ATLANTA GA 30329	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KALIA, NANCY	
STREET ADDRESS	813 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KALIA, PRINCE	
STREET ADDRESS	813 SPRING ISLAND WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LYER, SUNDER	
STREET ADDRESS	925 CROWNST CAR, APT. 105	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH CHANDLER	
STREET ADDRESS	2022 GABLES WAY	
CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE	600004785596	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	-01/22/02--01024--019	
CITY-ST-ZIP	****758.75 ****758.75	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

404 327 6352

Daytime Phone #

CR2E034 (5/01)