

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90102 045 \*\*\*150.00

**DOCUMENT # F93000003577**

1. Entity Name

**ROTADATA, INC.**

Principal Place of Business

931 S SEMORAN BLVD.  
STE 208  
WINTER PARK FL 32792  
US

Mailing Address

931 S SEMORAN BLVD  
STE 208  
WINTER PARK FL 32792  
US

2. Principal Place of Business

**ROTADATA LTD**

Suite, Apt. #, etc.

**BATEMAN STREET**

City & State

**DERBY**

Zip

**DE13 8JQ**

Country

**ENGLAND**

3. Mailing Address

**ROTADATA LTD**

Suite, Apt. #, etc.

**BATEMAN STREET**

City & State

**DERBY**

Zip

**DE13 8JQ**

Country

**ENGLAND**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**31-1002633**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

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)

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 **CDP** ☐ Delete  
NAME **TAYLOR, JOHN**  
STREET ADDRESS **BATEMAN ST., DERBY DE3 3JK**  
CITY-ST-ZIP **ENGLAND**

TITLE **DVP** ☐ Delete  
NAME **EDMUNDSON, BRIAN H**  
STREET ADDRESS **BATEMAN ST., DERBY DE3 8JK**  
CITY-ST-ZIP **ENGLAND**

TITLE **S** ☐ Delete  
NAME **KOHLHEPP, WILLIAM G**  
STREET ADDRESS **1200 CAREW TOWER**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **VP** ☐ Delete  
NAME **PANZL, JOSEPH R**  
STREET ADDRESS **111 N. ORANGE AVE -STE 900C/ P O BOX 4950**  
CITY-ST-ZIP **ORLANDO FL 32802-4950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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]*

**VICE PRESIDENT**

**FEB 20 2001 +44 1332 348008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/00)

0058774