

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004512

1. Entity Name
SYSTEMS/DATA LOOP, INC.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90026 023 ***150.00

Principal Place of Business

4120 COUNTY RD
GULF STREAM FL 33483
US

Mailing Address

777 EAST ATLANTIC AVENUE
SUITE Z-365
DELRAY BEACH FL 33483
US

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1335398

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBERA, SALVATORE J
777 EAST ATLANTIC AVENUE
SUITE Z-365
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name Timothy Murty
Street Address (P.O. Box Number is Not Acceptable)
1633 Periwinkle Way
City SANIBEL FL Zip Code 33957

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-02-01
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 PVC
NAME BARBERA, SUSAN L
STREET ADDRESS 777 E. ATLANTIC AVENUE, STE. Z-365
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE CEO
NAME BARBERA, SALVATORE J
STREET ADDRESS 777 E. ATLANTIC AVENUE, STE. Z-365
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
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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]* (SUSAN L. BARBERA) President 561-330-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0020997

CR2E034 (10/00)