

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90004 043 ***550.00

DOCUMENT # F95000003696

1. Entity Name

DATA TRANSIT INTERNATIONAL, INC.

Principal Place of Business MILLER COURT WEST NORCROSS GA 30071	Mailing Address 2000 MILLER COURT WEST NORCROSS GA 30071-1457 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number 58-1910718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~DURRANCE, THOMAS~~
DATA TRANSIT INTERNATIONAL
6365 NORTHWEST 6TH
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **MARK SEGARS**
 Street Address (P.O. Box Number is Not Acceptable)
DATA TRANSIT INTERNATIONAL
2701 NORTH ROCKY POINT DRIVE
SUITE 525
 City **TAMPA** FL Zip Code **33607**

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICOLETTI, JENNIFER 6195 MASTERS CLUB DR SUWANEE GA 30174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICOLETTI, DAVID 6195 MASTERS CLUB DR. SUWANEE, GA 30174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENISH, DANIEL 1158 TRAILBLAZER WAY LILBURN GA 30247	TITLE NAME STREET ADDRESS CITY-ST-ZIP	↑ DAVID NICOLETTI WAS LISTED ON LAST YEAR'S REPORT. DELETION MUST HAVE BEEN ACCIDENTAL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *David M. Nicoletti* **DAVID M. NICOLETTI** 6/26/00 (770) 840-7760

CR20074 (9/99)