

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003696

1. Entity Name

DATA TRANSIT INTERNATIONAL, INC.

FILED

Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90004 043 ***550.00

Principal Place of Business

Mailing Address

MILLER COURT WEST
NORCROSS GA 30071

2000 MILLER COURT WEST
NORCROSS GA 30071-1457
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1910718

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

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

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

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, 2000 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 S
NAME NICOLETTI, JENNIFER
STREET ADDRESS 6195 MASTERS CLUB DR
CITY-ST-ZIP SUWANEE GA 30174

TITLE P
NAME NICOLETTI, DAVID
STREET ADDRESS 6195 MASTERS CLUB DR.
CITY-ST-ZIP SUWANEE, GA 30174

TITLE V
NAME BENISH, DANIEL
STREET ADDRESS 1158 TRAILBLAZER WAY
CITY-ST-ZIP URBURN GA 30247

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID NICOLETTI WAS LISTED ON LAST YEAR'S REPORT.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETION MUST HAVE BEEN ACCIDENTAL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

DAVID M. NICOLETTI

6/26/00

(770) 840-7760

Date

Daytime Phone #

CR2004 (9/99)