

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90034 050 ***150.00

DOCUMENT # F96175

1. Entity Name
DATAWRITE INC.

Principal Place of Business

19201 VISTA LN
 STE B1
 INDIAN ROCKS BCH FL 33785
 US

Mailing Address

19201 VISTA LN
 STE B1
 INDIAN ROCKS BCH FL 33785
 US

2. Principal Place of Business

2162 Long Bow Lane
 Suite, Apt. #, etc.
Clearwater, FL
 City & State

3. Mailing Address

2162 Long Bow Lane
 Suite, Apt. #, etc.
Clearwater, FL
 City & State



DO NOT WRITE IN THIS SPACE

Zip
33764

Country
USA

Zip
33764

Country
USA

4. FEI Number **59-2218854**

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

SHINAMAN, CHESTER, P
19201 VISTA LN
STE B1
INDIAN ROCKS BCH FL 34635

Name
 Street Address (P.O. Box Number is Not Acceptable)
2162 Long Bow Lane
Clearwater, FL
 City **FL** Zip Code **33764**

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 **CHESTER P. SHINAMAN** 1/16/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHINAMAN, CHESTER, P 19201 VISTA LN, STE B1 INDIAN ROCKS BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHINAMAN, GRACE A 19201 VISTA LN, STE B1 INDIAN ROCKS BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2162 Long Bow Lane Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2162 Long Bow Lane Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CHESTER P. SHINAMAN** 1/16/01 727 215-6688
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)