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FILED
Jun 27, 2001 8:00 am
Secretary of State
05-22-2001 90042 039 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005040

1. Entity Name
PRIME DATA CONSULTANTS INC

Principal Place of Business	Mailing Address
13150 LAKESHORE GROVE DRIVE WINTER GARDEN, FL 34787	13150 LAKESHORE GROVE DRIVE WINTER GARDEN, FL 34787

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13150 LAKESHORE GROVE DRIVE	13150 LAKE SHORE GROVE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN, FL	City & State: WINTER GARDEN, FL
Zip: 34787 Country: USA	Zip: 34787 Country: USA

4. FEI Number: 59-3456201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RULE, ROBERT
8548 LAKE VISTA CT, 7205
ORLANDO, FL 32821

7. Name and Address of New Registered Agent
Name: ROBERT RULE
Street Address (P.O. Box Number Is Not Acceptable)
13150 LAKESHORE GROVE DRIVE
City: WINTER GARDEN, FL FL Zip Code: 34787

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: ROBERT RULE [signature] 6/20/01
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	PRESIDENT / ROBERT RULE / 13150 LAKE SHORE GROVE DRIVE / WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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 all address, with all other like empowered.

SIGNATURE: [signature] ROBERT RULE PRESIDENT 4/27/01 407-654-9344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #