

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90012 047 \*\*\*150.00

**DOCUMENT # G19679**

1. Entity Name  
**UNITED DATATRONICS, INC.**

Principal Place of Business 1605 E PLAZA DR STE 102 TALLAHASSEE FL 32308 US	Mailing Address P O BOX 5496 TALLAHASSEE FL 32314-5496 US
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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 **59-2285914**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CROMER, RAY E., JR.**  
**440 N MONROE ST**  
**TALLAHASSEE FL 32301**

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable)  
 \_\_\_\_\_  
 City **FL**      Zip Code \_\_\_\_\_

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 *Ray E. Cromer, Jr. President/CEO*      DATE **01/28/00**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	ENFINGER, WILLIAM	
STREET ADDRESS	440 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CROMER, RAY E JR	
STREET ADDRESS	440 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, D A	
STREET ADDRESS	440 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, BEVERLY	
STREET ADDRESS	440 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYNE, DORIS	
STREET ADDRESS	440 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYFIELD, M THOMAS	
STREET ADDRESS	440 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENFINGER, WILLIAM	
STREET ADDRESS	1605 E. PLAZA DR., SUITE 102	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMER, RAY E JR	
STREET ADDRESS	1605 E PLAZA DR., SUITE 102	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, RAY M., JR.	
STREET ADDRESS	1605 E. PLAZA DR., SUITE 102	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BEVERLY	
STREET ADDRESS	1605 E PLAZA DR., SUITE 102	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, DORIS	
STREET ADDRESS	1605 E. PLAZA DR., SUITE 102	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FYE, RONALD S.	
STREET ADDRESS	1605 E PLAZA DR., SUITE 102	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

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: *Ray E. Cromer, Jr.*      **RAY E. CROMER, JR.**      DATE **01/28/00**      DAYTIME PHONE # **850-942-9186**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)