


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90531 026 \*\*\*150.00

**DOCUMENT # G19679**

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



Principal Place of Business      Mailing Address


1605 E PLAZA DR      P O BOX 5496  
 STE 102      TALLHASSEE, FL 32314    US  
 TALLHASSEE, FL 32308    US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04202004    Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-2285914**

Applied For  
 Not Applicable

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

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

**WILLIAMS, F. PALMER**  
 2010 DELTA BLVD.  
 TALLHASSEE, FL 32303

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ENFINGER, WILLIAM	
STREET ADDRESS	1605 E PLAZA DR STE 102	
CITY-ST-ZIP	TALLHASSEE, FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	CROMER, RAY E JR	
STREET ADDRESS	1605 E PLAZA DR STE 102	
CITY-ST-ZIP	TALLHASSEE, FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	WRIGHT, RAY M JR	
STREET ADDRESS	1605 E PLAZA DR STE 102	
CITY-ST-ZIP	TALLHASSEE, FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, BEVERLY	
STREET ADDRESS	1605 E PLAZA DR STE 102	
CITY-ST-ZIP	TALLHASSEE, FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LECAIN, MARK	
STREET ADDRESS	1400 EAST PARK AVE.	
CITY-ST-ZIP	TALLHASSEE, FL 32301	
TITLE	C	<input type="checkbox"/> Delete
NAME	MAYFIELD, M THOMAS	
STREET ADDRESS	1605 E PLAZA DR STE 102	
CITY-ST-ZIP	TALLHASSEE, FL 32308	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Piotrowski, Director	
STREET ADDRESS	93 Sandy Creek Road	
CITY-ST-ZIP	Havana, FL 32333	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ray E Cromer      4/21/04      850.942.9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #