

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90136 007 ***150.00

DOCUMENT # G23391

1. Entity Name

CONTRACT DATA, INCORPORATED

Principal Place of Business

1918 W CASS STREET
TAMPA FL 33606

Mailing Address

POB 18252
TAMPA FL 33679

2. Principal Place of Business

4019 W. INMAN AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA

City & State

4. FEI Number

59-2254882

Applied For

Not Applicable

Zip

33609

Country

UNITED STATES

Zip

Country

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

DEAN, WILLIAM H.
2626 WATROUS AVENUE
TAMPA FL 33629

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

4019 W. INMAN AVE

City

TAMPA

FL

Zip Code

33609

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, 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 PD ☐ Delete
NAME DEAN, WILLIAM H.
STREET ADDRESS 2626 WATROUS AVE.
CITY-ST-ZIP TAMPA FL

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 4019 W. INMAN AVE
CITY-ST-ZIP TAMPA, FL 33609

TITLE STD ☐ Delete
NAME DEAN, BEVERLY B.
STREET ADDRESS 2626 WATROUS AVE.
CITY-ST-ZIP TAMPA FL

TITLE SAME ☐ Change ☐ Addition
NAME SAME
STREET ADDRESS 4019 W. INMAN AVE
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: William H. Dean William H. DEAN 4/20/01 813-286-8594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)