

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30383

1. Entity Name
SANDATA, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90053 017 ***150.00

Principal Place of Business
4770 OLD BAYMEADOWS ROAD
SUITE 135
JACKSONVILLE FL 32256
US

Mailing Address
4770 OLD BAYMEADOWS ROAD
SUITE 135
JACKSONVILLE FL 32256
US

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 59-2281035

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

KRAYER, EDWARD J.
10113 WHIPPOORWILL LANE
UNIT 1712
JACKSONVILLE FL 32256

Name

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

FL

Zip Code

8. The above named entity submits this statement to

SIGNATURE _____
Signature, typed or printed name of registered agent

"NEW ADDRESS" for both ✓✓✓
7736 Deerwood Point Court
Jacksonville, FL 32256

in both, in the State of Florida.

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND

TITLE PSD
NAME KRAYER, EDWARD J
STREET ADDRESS 10113 WHIPPOORWILL LANE, 17
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VTD
NAME KRAYER, ALEXANDRIA
STREET ADDRESS 10113 WHIPPOORWILL LANE, 17
CITY-ST-ZIP JACKSONVILLE, FL 00000

CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 title empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(904) 996-0215

Daytime Phone #

0610896

CR2E034 (10/00)