

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90158 017 \*\*\*150.00

**DOCUMENT # G35970**

1. Entity Name  
**NATIONAL DATA SERVICE, INC.**

Principal Place of Business <b>% MARY L BRIDGERS</b> <b>5876 TIMUQUANA ROAD POB 7907</b> <b>JACKSONVILLE FL 32238</b>	Mailing Address <b>% MARY L BRIDGERS</b> <b>5876 TIMUQUANA ROAD POB 7907</b> <b>JACKSONVILLE FL 32238</b>
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2. Principal Place of Business <b>5876 OLD TIMUQUANA RD</b>	3. Mailing Address <b>P.O. BOX 7907</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32210</b>	Country <b>USA</b>
Zip <b>32238</b>	Country <b>USA</b>

4. FEI Number **59-2289004**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRIDGERS, MARY L.**  
**ONE INDEPENDENT DRIVE, SUITE 2301**  
**P.O. BOX 7907**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name <b>AKEL, DANIEL D.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>ONE INDEPENDENT DRIVE, SUITE 2301</b>
City <b>JACKSONVILLE, FL</b>
Zip Code <b>32202</b>

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 *Daniel D. Akel* **DANIEL D. AKEL, ESQUIRE** **4/25/02**

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, 2002 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	<b>PT- BRIDGERS, MARY L. 5876 TIMUQUANA ROAD JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD EVERIDGE, MARY L. 5876 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BRIDGERS, ANN-MARIE 5876 TIMUQUANA ROAD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WILSON, ANNE-MARIE 5876 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TOSH, MARCIE D 5876 TIMUQUANA ROAD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TOSH, MARCIE D. 5876 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ALSAIDI, SHERI D 5876 TIMUQUANA ROAD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ALSAIDI, SHERI D. 5876 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V REDWINE, EDNA E. 5876 OLD TIMUQUANA ROAD JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Edna E. Redwine* **EDNA E. REDWINE V-P** **04/26/02** **904-778-2556**

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

CP2E034 (9/01)