

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16805

FILED  
Apr 20, 2004  
Secretary of State

**Entity Name:** UNIVERSAL DATA CONSULTANTS, INC.

**Current Principal Place of Business:**

4690 SW 78 AVE  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

4690 SW 78 AVE  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 59-2684189      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LINCOLN, JUDY  
1200 MANDARIN ISLE  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LINCOLN, JUDITH ANNE,  
Address: 1200 MANDARIN ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VST ( ) Delete  
Name: LINCOLN, DENNIS P.,  
Address: 1200 MANDARIN ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete  
Name: LINCOLN, DENNIS P.,  
Address: 707 S.W. 18 ST.  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D ( ) Delete  
Name: LINCOLN-MCDANIEL, PAMELA  
Address: 17301 SW 35 STREET  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY LINCOLN

PD

04/20/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date