

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90098 031 ***150.00

DOCUMENT # K11952

1. Entity Name
DATA EQUIPMENT, INC.



Principal Place of Business
**945 W. MICHIGAN
STE. 10-B
PENSACOLA FL 32505
US**

Mailing Address
**945 W. MICHIGAN
STE. 10-B
PENSACOLA FL 32505
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
59-2865764

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

~~SCOTT, WILLIAM E
805 BEVERLY PARKWAY
PENSACOLA FL 32505~~

Scott, William E
**Data Equipment, Inc
945 W Michigan Ave Ste 10-B
Pensacola, FL 32505**

7. Name and Address of New Registered Agent

Name *Please note*
Street Address (P.O. Box Number is Not Acceptable)
← address
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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCOTT, WILLIAM E**
STREET ADDRESS **3400 MARCUS POINTE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **VP** ☐ Delete
NAME **SCOTT, FRAN J**
STREET ADDRESS **3400 MARCUS POINTE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Frank J Scott
FRANK J SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8 03

850-432-8969

Date

Daytime Phone #

CR2E034 (10/02)