

**DOCUMENT # K16999**

1. Entity Name

**C V C DATA INC.****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90006 031 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O RALPH PRESTON  
77 NW 98 TERRACE  
PLANTATION FL 33324  
USC/O RALPH PRESTON  
77 NW 98 TERRACE  
PLANTATION FL 33324  
US

2. Principal Place of Business

**8825 VIA TUSCANY DRIVE**

3. Mailing Address

**8825 VIA TUSCANY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City &amp; State

**BOYNTON BEACH FLORIDA**

City &amp; State

**BOYNTON BEACH, FLORIDA**

4. FEI Number

**65-0032415**Applied For  
☒ Not Applicable

Zip

**33437-7146**

Country

**USA**

Zip

**33437-7146**

Country

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

6. Name and Address of Current Registered Agent

**PRESTON, MARCIA**  
**77 NORTHWEST 98TH TERRACE**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

**PRESTON, MARCIA**

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

**8825 VIA TUSCANY DRIVE****BOYNTON BEACH**

City

**FL**

Zip Code

**33437-7146**

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

*Marcia Preston***MARCIA PRESTON****01/03/01**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRESTON, RALPH</b>	
STREET ADDRESS	<b>77 NW 98 TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESTON, RALPH</b>	
STREET ADDRESS	<b>8825 VIA TUSCANY DRIVE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FLORIDA 33437-7146</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ralph Preston***RALPH PRESTON**

Date

Daytime Phone #

**561-752-2204**

CR2E034 (10/00)