

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90397 025 ***150.00

DOCUMENT # L00374

1. Entity Name
CUSTOM DATA SERVICES, INC.

Principal Place of Business

28527 DAWNS BREAK PT
 ZEPHYRHILLS FL 33543
 US

Mailing Address

9012 COPELAND RD
 TAMPA FL 33637
 US

766576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 Milici Cir

3. Mailing Address

Suite, Apt. #, etc.

City & State

Meriden CT

City & State

4. FEI Number **59-2960328**

Applied For
 Not Applicable

Zip

06450

Country

USA

Zip

Country

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

LINKOUS, J JUANELL
 9012 COPELAND RD
 TAMPA FL 33637

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

SIGNATURE _____ DATE _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DAY, JERRY A	
STREET ADDRESS	28527 DAWNS BREAK POINT	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAY, VIRGINIA A	
STREET ADDRESS	28527 DAWNS BREAK	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LINKOUS, J. JUANELL	
STREET ADDRESS	9012 COPELAND RD	
CITY-ST-ZIP	TAMPA FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>90 Milici Circle</i>	
STREET ADDRESS	<i>Meriden CT 06450</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>90 Milici Circle</i>	
STREET ADDRESS	<i>Meriden CT 06450</i>	
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 *203 686 1870*
 Date Daytime Phone #

CR2E034 (10/00)