

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000250

1. Entity Name  
DATA DESIGN ASSOCIATES, L.C.

FILED

01 MAY -1 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
212 SHADOWBAY BLVD. SOUTH  
LONGWOOD FL 32779

Mailing Address  
212 SHADOWBAY BLVD. SOUTH  
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3504985

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODGE, DAVID L  
212 SHADOWBAY BLVD. SOUTH  
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM DODGE, DAVID L 212 SHADOWBAY BLVD., SOUTH LONGWOOD FL 32779 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
600004274216-00 Change - Addition  
-05/21/01--01145--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MEMBER JILL P. DODGE 212 SHADOWBAY BLVD. SOUTH LONGWOOD, FL 32779 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

407 808 0620

SIGNATURE:

*David L. Dodge*  
DAVID L. DODGE, MANAGING MEMBER 4/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0004973 AF

CR2E083 (11/00)