

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78685

1. Entity Name

DATA MOVERS, INC.

Principal Place of Business

7347 N MAIN ST
JACKSONVILLE FL 32208

Mailing Address

7347 N MAIN ST
JACKSONVILLE FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN DORAN, RICHARD M.
14735 CAPSTAN DRIVE
JACKSONVILLE FL 32226

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
VAN DORAN, NANETTE R.
14735 CAPSTAN DRIVE
JACKSONVILLE FL ☐ Delete

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

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14735 CAPSTAN DRIVE
JACKSONVILLE FL ☐ Delete

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

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:

Nanette R. Van Dora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

904-764-2054
Daytime Phone #

0455532

CR2E034 (10/00)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90148 028 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2888757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required