2001 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P0000012088 INFORMATION TECHNOLOGY & DATA SOLUTIONS, INC. 03-05-2001 90078 035 ***150.00 Principal Place of Business Mailing Address 200 E. ROBINSON STREET 1276 SOUTH JOHN YOUNG PARKWAY 961000 KISSIMMEE FL 34741 SUITE 500 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business 322 N. John Young PARKWOU DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Suite 4 Applied For City & State City & State ζίςς:mmee FI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3474(Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLORIDA CORPORATE SUPPORT, INC. Street Address (P.O. Box Number is Not Acceptable) 200 E. ROBINSON STREET SUITE 500 ORLANDO FL 32801 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITI F TITLE □ Delete NANCY J. Hamilton 322 N JOHN YOUN, PK. NAME NAME HARTIG, CINDY LOU STREET ADDRESS STREET ADDRESS 2320 INDIAN MOUND TR. CITY-ST-ZIP Kissimmee, Fl 34741 CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WAGNER, TODD NAME STREET ADDRESS STREET ADDRESS 2320 INDIAN MOUND TR. CITY-ST-ZIP CITY-ST-71P KISSIMMEE FL 34746 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME CHEN, LISA STREET ADDRESS 2320 INDIAN MOUND TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS 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.

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

SIGNATURE:

FILED