

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012722

1. Entity Name

HEALTH-DATA TECHNOLOGY, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91149 033 ***158.75

Principal Place of Business

2315 CLEWIS CT., #103
TAMPA FL 33629

Mailing Address

2315 CLEWIS CT., #103
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3624035

Applied For

Not Applicable

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

PETER, MCINTIRE

2315 CLEWIS CT., #103
TAMPA FL 33629

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 PD
NAME MCINTIRE, PETER
STREET ADDRESS 2315 CLEWIS CT., #103
CITY-ST-ZIP TAMPA FL 33629



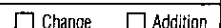
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE VTD
NAME DURAND, RON
STREET ADDRESS 2900 W. AZEELE ST., UNIT L
CITY-ST-ZIP TAMPA FL 33609



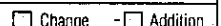
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE SD
NAME GOGGANS, EDWARD
STREET ADDRESS 501 KNIGHTS RUN AVE., #1110
CITY-ST-ZIP TAMPA FL 33602



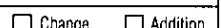
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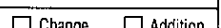
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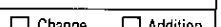
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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

PETER MCINTIRE, PRESIDENT

01-04-2001

813-251-2713

Date

Daytime Phone #

CR2E034 (10/00)