

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90185 042 \*\*\*150.00

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**DOCUMENT # P00000033153**

1. Entity Name

**DATA SYSTEMS GROUP, INC.**

Principal Place of Business

**118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**

**00052709**

2. Principal Place of Business

**349 Green Ash Ln**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sanford FL**

City & State

4. FEI Number

**59-3632583**

Applied For

Not Applicable

Zip

**32771**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**S. Asenjo, Anthony**

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

**349 Green Ash Ln**

City

**Sanford**

**FL**

Zip Code

**32771**

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

**4/27/01**

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ASENJO, S. ANTHONY	
STREET ADDRESS	118 WEST ORANGE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	SOSA, JESSICA L	
STREET ADDRESS	118 WEST ORANGE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASENJO, S. ANTHONY	
STREET ADDRESS	349 Green Ash Ln	
CITY-ST-ZIP	Sanford FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sosa Jessica L	
STREET ADDRESS	349 Green Ash Ln	
CITY-ST-ZIP	Sanford FL 32771	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**

**407 463 3929**

CR2E034 (10/00)