

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071557

1. Entity Name

DATAGRID EU LIMITED, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90025 021 \*\*\*150.00

Principal Place of Business

2615 NW 6TH ST. SUITE C-2  
GAINESVILLE FL 32609

Mailing Address

2615 NW 6TH ST. SUITE C-2  
GAINESVILLE FL 32609

2. Principal Place of Business

1022 NW 2nd St.

Suite, Apt. #, etc.

3. Mailing Address

1022 NW 2nd St

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32601

Country

USA

Zip

32601

Country

USA

4. FEI Number

59-3681270

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUTCH, SAMUEL A  
2114 NW 40TH TERR, SUITE A-1  
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME GUSTAFSON, BO  
STREET ADDRESS 1928 NW 10TH TERR  
CITY-ST-ZIP GAINESVILLE FL 32609

☐ Delete

TITLE D  
NAME MUTCH, SAMUEL A  
STREET ADDRESS 2114 NW 40TH TERR, SUITE A-1  
CITY-ST-ZIP GAINESVILLE FL 32605

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1022 NW 2nd St.  
CITY-ST-ZIP Gainesville, FL 32601

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 338-3530  
(352) 371-7608  
Date Daytime Phone #

CR2E034 (10/00)