

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083560

1. Entity Name

USDATATRONICS, INC.

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

04-25-2001 90084 009 \*\*\*150.00

Principal Place of Business

415 ROGERS RD  
DEFUNIAK SPRINGS FL 32435

Mailing Address

415 ROGERS RD  
DEFUNIAK SPRINGS FL 32435

2. Principal Place of Business

415 Rogers Rd.  
Suite, Apt. #, etc.

3. Mailing Address

415 Rogers Rd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Defuniak Springs FL  
Zip 32435 Country USA

City & State

Defuniak Springs, FL  
Zip 32435 Country USA

4. FEI Number

59-3669556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POOSER, THOMAS L  
415 ROGERS RD  
DEFUNIAK SPRINGS FL 32435

7. Name and Address of New Registered Agent

Name Pooser, Thomas L.  
Street Address (P.O. Box Number is Not Acceptable)  
415 Rogers Rd  
City Defuniak Springs FL Zip Code 32435

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

TITLE	D	<input type="checkbox"/> Delete
NAME	POOSER, THOMAS L	
STREET ADDRESS	415 ROGERS RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	President -	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pooser, Thomas L.	
STREET ADDRESS	415 Rogers Rd.	
CITY-ST-ZIP	Defuniak Springs, FL 32435	
TITLE	Secretary -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pooser, Julie A.	
STREET ADDRESS	415 Rogers Rd.	
CITY-ST-ZIP	Defuniak Springs, FL 32435	
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		
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

Thomas Pooser 4-16-01

Date

974-4933

Daytime Phone #

CR2E034 (10/00)