

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90166 010 \*\*\*150.00

0063627 AV

**DOCUMENT # P00000083560**

1. Entity Name  
**USDATATRONICS, INC.**



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.

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POOSER, THOMAS L 415 ROGERS RD DEFUNIAK SPRINGS FL 32435</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S POOSER, JULIE A 415 ROGERS RD DEFUNIAK SPRINGS FL 32435</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other power.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**259-7573**

CR2E034 (10/02)