

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90195 026 ***150.00

DOCUMENT # P01000022578

1. Entity Name
INDIVIDUAL DATA SOLUTIONS, INC.

Principal Place of Business
2608 N.E. 27TH AVENUE
FORT LAUDERDALE FL 33306

Mailing Address
2608 N.E. 27TH AVENUE
FORT LAUDERDALE FL 33306

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

65-1100623

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

GILMOUR, KIMBERLY A
ONE FINANCIAL PLAZA
SUITE 2020
FORT LAUDERDALE FL 33394

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PTD** ☐ Delete
 NAME **ROTH, C.J.**
 STREET ADDRESS **2608 N.E. 27TH AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Conrad ROTH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-02 954-568-4578

Date Daytime Phone #

CR2E034 (4/02)



Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Attachment#

P010000022578

675475

Gentleman:

Please be advised that this form is the only form I have received to date. The Corporation was formed last year and I was not aware of the requirement to file with the State every year by May 1. I called the phone number listed on the included form and was advised to send \$150.00 and this note of explanation. If this is not sufficient please contact me at 954-568-4578 or at the Principal Place of Business address.

I thank you for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Conrad J Roth', written in a cursive style.

Conrad J Roth
President

Individual Data Solutions

P.O. Box 39581, Ft. Lauderdale, FL 33339 ,954-568-4578 Fax 954-565-8348 e-mail cj@idsinc.cc