

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 011 ***158.75

DOCUMENT # P01000026358

1. Entity Name
DATA CRUNCH COMPANY



Principal Place of Business
**10200 E. BAY HARBOR DR., #12-C
BAY HARBOR FL 33154-1272**

Mailing Address
**10200 E. BAY HARBOR DR., #12-C
BAY HARBOR FL 33154-1272**

2. Principal Place of Business
1910 NE 211 ST
Suite, Apt. #, etc.

3. Mailing Address
1910 NE 211 ST
Suite, Apt. #, etc.

City & State
AVENTURA FL

City & State
AVENTURA

4. FEI Number **65-1084655**

Applied For
☐ Not Applicable

Zip **33179** Country **USA**

Zip **33179** Country **USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPACEK, ZDENEK
10200 E. BAY HARBOR DR., #12-C
BAY HARBOR FL 33154-1272

7. Name and Address of New Registered Agent

Name **SPACEK, ZDENEK**
Street Address (P.O. Box Number is Not Acceptable)
1910 NE 211 ST
City **AVENTURA** FL Zip Code **33179**

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 **CEO SDR**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/03
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPACEK, ZDENEK 10200 E. BAY HARBOR DR., #12-C BAY HARBOR FL 33154-1272	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SULLIVAN-SPACKOVA, KELLY 3814 N. OAK DR., #L-22 TAMPA FL 33611-5845	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP ZDENEK SPACEK 1910 NE 211 ST AVENTURA FL 33179-1525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C O'SULLIVAN-SPACKOVA, KELLY 1910 NE 211 ST AVENTURA FL 33179-1525	<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
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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED ZDENEK SPACEK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 **305-932-8483**
Date Daytime Phone #

CR2E034 (10/02)