

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042604

1. Entity Name  
DATA VOICE INSURANCE RESOURCE SOLUTIONS INC.

Principal Place of Business Mailing Address  
600 S. DIXIE HWY., STE. 206 600 S. DIXIE HWY., STE. 206  
BOCA RATON FL 33432 BOCA RATON FL 33432

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 65161579 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED  
236 E. 6TH AVE.  
TALLAHASSEE FL 32303

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, 2002 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	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Andrew Cole	
STREET ADDRESS	610 NW 13th St #21	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	President	<input type="checkbox"/> Delete
NAME	Charles Cole	
STREET ADDRESS	610 NW 13th St #21	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Patrick Grubb	
STREET ADDRESS	2334 Rittenhouse Square	
CITY-ST-ZIP	Bensalem PA 19020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Secretary/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Cole	
STREET ADDRESS	610 NW 13th St #21	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Cole	
STREET ADDRESS	610 NW 13th St #21	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Grubb	
STREET ADDRESS	2334 Rittenhouse Sq.	
CITY-ST-ZIP	Bensalem PA 19020	
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 another like empowered.

SIGNATURE: Andrew Cole

1/3/02

561 367 4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

03/45/77 AV

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90027 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)