

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P020000003651

1. Entity Name
Confidential Data Systems, Inc.



FILED

03 JAN 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1514 N. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
1514 N. Dixie Highway
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood FL
Zip
33019
Country
USA

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Zip
33019
Country
USA

4. FEI Number
03-0376717
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Trudy Fuhrman
Street Address (P.O. Box Number is Not Acceptable)
1514 N. Dixie Highway
City
Hollywood FL Zip Code
33019

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 *Trudy Fuhrman* (NOTE: Registered Agent signature required when reinstating) DATE *1-25-03*

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Trudy Fuhrman
1514 N. Dixie Highway
Hollywood FL 33019*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*400011196074
01/29/03--01107--006 **150.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Secretary
Trudy Fuhrman
1514 N. Dixie Highway
Hollywood FL 33019*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
Matthew Petrucci II
1514 N. Dixie Highway
Hollywood FL 33019*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Trudy Fuhrman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-03 *954-922-7337*

Date Daytime Phone #

CR2E034B (12/02)