## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000128283

Mailing Address

SUITE 100

3665 BEE RIDGE ROAD

1. Entity Name

Principal Place of Business

3665 BEE RIDGE ROAD

SUITE 100

RETRIEVAL DATA CORP.



**FILED** Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90083 021 \*\*\*150.00

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SARASOTA FL	34233		SARASOTA FL 34233								
2. Principal Place of Business			3. Mailing Address					T 10 GI 10 DE 111 BONTS 110 II SOLIE BONT D'SITE GOTOL IL DE L'EDOL TRAITO ENDRE 1910 DE ILLE 1900.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	FI Number 373 4595		lied For Applicable	
Zip	Country Zig		Zip	Zip Count		try		Certificate of Status Desired	\$8.75 Additi Fee Required		
6. Name and Address of Current Registered				d Agent			7. N	lame and Address of New Registered	Agent		
					Name						
J. DONALD MOULTON						Street Address (P.O. Box Number is Not Acceptable)					
3665 BEE I	RIDGE RO	AD ,									
SUITE 100											
SARASOTA						City		FL			
8. The above r	ons of regist	y submits this statement for tered agent.	r the purp	ose of changing its	register	ed office or re	egistered ag	ent, or both, in the State of Florida. I am	tamiliar wiliri, al	nd accept	
SIGNATURE _		or printed name of registered agent a	and title if app	licable. (NOT	E: Register	ed Agent signature	required when re	einstating) DATE			
FI After	LE NOW! May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o			_			Trade Faire Contribution	Added	May Be to Fees	
10.		OFFICERS AND		RS	11.		ΑC	DITIONS/CHANGES TO OFFICERS AN			
TITLE	D	· · · · · · · · · · · · · · · · · · ·	·	☐ Delete	TITI	E			☐ Change	☐ Addition	
NAME	_	D MOULTON			NA						
STREET ADDRESS		RIDGE ROAD #100				EET ADDRESS					
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NAME						ime Reet address					
STREET ADDRESS						TY-ST-ZIP					
CITY-ST-ZIP		to the section as a single wife	h thin filine	n does not qualify t			ed in Section	n 119.07(3)(i), Florida Statutes. I further c	ertify that the in	nformation	

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: