


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90857 048 \*\*\*150.00

**DOCUMENT #** P93000018753

**1. Entity Name**  
EN-DATA CORPORATION



**Principal Place of Business**  
157 SABLE PALM DR  
LONGWOOD FL 32779  
US

**Mailing Address**  
157 SABLE PALM DR  
SUITE 1004-272  
LONGWOOD FL 32779  
US

**2. Principal Place of Business**  
1621 Cherry Lake Way  
Suite, Apt. #, etc.

**3. Mailing Address**  
1621 Cherry Lake Way  
Suite, Apt. #, etc.

**City & State**  
Heathrow FL

**City & State**  
Heathrow FL

**Zip**  
32746

**Country**  
Seminole

**Zip**  
32746

**Country**  
Seminole



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3167521

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

SMITH, VIRGINIA L  
3419 HOLIDAY AVE.  
APOPKA FL 32703

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

**SIGNATURE** *Virginia L. Smith* **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, VIRGINIA L 157 SABLE PALM DRIVE LONGWOOD FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Virginia L. Smith* **SIGNATURE REQUIRED** **2/17/03** **321-228-6606** **407-833-8773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)