

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022800

1. Entity Name  
DATATEL, INC.

Principal Place of Business  
11575 MARCHWOOD LANE  
FT MYERS FL 33908  
US

Mailing Address  
11575 MARCHWOOD LANE  
FT MYERS FL 33908  
US

2. Principal Place of Business  
11637 Kelly Rd  
STE 301  
City & State  
FT MYERS FL  
Zip 33908 Country US  
3. Mailing Address  
Suite, Apt. #, etc.  
DAMÉ  
City & State  
Zip  
Country

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90247 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0423313	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent MACKENZIE, BRENT C 2448 BLIND PASS CT SANIBEL FL 33957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACKENZIE, BRENT C 2448 BLIND PASS COURT SANIBEL FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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 all other like empowered.

SIGNATURE:

*Brent C. Mackenzie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 4NLISTED  
Daytime Phone #