

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90487 002 ***150.00

DOCUMENT # P93000038217

1. Entity Name
UNIDATA, INC.



Principal Place of Business
**5738 S SEMORAN BLVD
BLDG D
ORLANDO FL 32822
US**

Mailing Address
**5738 S SEMORAN BLVD
BLDG D
ORLANDO FL 32822
US**

2. Principal Place of Business

5449 S. Semoran Blvd

3. Mailing Address

5449 S. Semoran Blvd.

Suite, Apt. #, etc.

#229

Suite, Apt. #, etc.

Suite 229

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32822

Country

USA

Zip

32822

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3184647**

Applied For -

Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERCEFIELD, DAVID
230 LOOKOUT PL, STE. 200
MAITLAND FL 32751**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **CP HUANG, CHENG-HAO**
STREET ADDRESS **8843 LARWIN LANE**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Delete
NAME **D LIANG, CHU-KWO**
STREET ADDRESS **23-37 143RD STREET**
CITY-ST-ZIP **WHITESTONE NY 11357**

TITLE ☐ Delete
NAME **T CHOW, CHING**
STREET ADDRESS **8843 LARWIN LANE**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Delete
NAME **SV BELL, TAMARA A**
STREET ADDRESS **3016 SARATOGA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamara Bell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 (407) 382-2735
Date Daytime Phone #

CR2E034 (10/02)