

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011434

1. Entity Name

DATA COLLECTION INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90181 007 ***158.75

Principal Place of Business

144 RESERVE CIR
#200
OVIEDO FL 32765

Mailing Address

144 RESERVE CIR
#200
OVIEDO FL 32765-7930

2. Principal Place of Business

1112 OSCELOT TRAIL

3. Mailing Address

1112 OSCELOT TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

4. FEI Number

59-3218067

Applied For

Not Applicable

Zip

32708

Country

USA

Zip

32708

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIPTON, DANIEL N
144 RESERVE CIR
#200
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

DANIEL N. TIPTON

Street Address (P.O. Box Number is Not Acceptable)

1112 OSCELOT TRAIL

City

WINTER SPRINGS,

FL

Zip Code

32708

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]

3-29-00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VD
NAME DODGE, ROBERT C.
STREET ADDRESS 144 RESERVE CIR #200
CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE PD
NAME TIPTON, DANIEL N
STREET ADDRESS 144 RESERVE CIR #200
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE SD
NAME SWINFORD, MICHAEL A.
STREET ADDRESS 490 W 18TH STREET
CITY-ST-ZIP SNAFORD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition
NAME DODGE, ROBERT C.
STREET ADDRESS 1914 N. WESTMORELAND DR
CITY-ST-ZIP ORLANDO, FL 32804

TITLE PD ☒ Change ☐ Addition
NAME TIPTON, DANIEL N.
STREET ADDRESS 1112 OSCELOT TRAIL
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE SD ☒ Change ☐ Addition
NAME SWINFORD, MICHAEL A.
STREET ADDRESS 283 ALTAMONTE BAY CLUB CIR., #203
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/00

Daytime Phone #

(800) 818-9277

CR2E034 (9/99)