

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047902

1. Entity Name

LISTCO DATA SERVICES, INC.

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90240 022 \*\*\*150.00

Principal Place of Business

Mailing Address

7106 NW 50TH STREET  
MIAMI FL 33166  
US

7106 NW 50TH STREET  
MIAMI FL 33166-5604  
US

2. Principal Place of Business

3. Mailing Address

6924 NW 46th St

6924 NW 46th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33166

USA

33166

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEADOWS, TOMMY D JR  
7106 NW 50TH STREET  
MIAMI FL 33166

Name Meadows, Tommy D. JR

Street Address (P.O. Box Number is Not Acceptable)  
6924 NW 46th St

City Miami

FL

Zip Code 33166

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 Tommy D. Meadows Jr TOMMY D. MEADOWS JR PRESIDENT 01-04-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME MEADOWS, TOMMY D JR  
STREET ADDRESS 6924 NW 46TH ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE TS  
NAME MEADOWS, TERESA M  
STREET ADDRESS 6924 NW 46TH ST  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01-04-2000

Daytime Phone #

CR2E034 (9/99)