

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066014

1. Entity Name
NATIONAL DATA CENTER CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90072 039 ***150.00

Principal Place of Business
~~9811 TYRONE BLVD~~
~~SAINT PETERSBURG FL 33710~~

Mailing Address
~~9811 TYRONE BLVD~~
~~SAINT PETERSBURG FL 33710~~

2. Principal Place of Business
11372 75th Ave. N.
Suite, Apt. #, etc.

3. Mailing Address
11372 75th Ave. N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Seminole, FL
Zip 33772 Country US

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4. FEI Number 65-0566009
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADDIS, JOHN
41375 75TH AVE N
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
11372 75th Ave. N.
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.

SIGNATURE *John M. Addis*

4/23/01

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P ADDIS, JOHN 11372 75TH AVE N SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John M. Addis* John Addis as President

4/23/01 727-397-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)