

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90404 022 ***150.00

DOCUMENT # P95000003257

1. Entity Name
NATIONAL DATA & MAIL, INC.

Principal Place of Business: **5010 LEONA STREET TAMPA FL 33629**
 Mailing Address: **5010 LEONA STREET TAMPA FL 33629**

C0055073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4517 George Rd**
 Suite, Apt. #, etc.: **SUITE 200**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **TAMPA FL**

4. FEI Number: **59-3292234**
 Applied For: Not Applicable

Zip: **33634** County: **HILLSBOROUGH**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, JAMES H
5010 LEONA STREET
TAMPA FL 33629

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, ANNE S.		NAME: _____	
STREET ADDRESS: 5010 LEONA STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: TAMPA FL		CITY-ST-ZIP: _____	
TITLE: VP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, JAMES		NAME: _____	
STREET ADDRESS: 5010 LEONA STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: TAMPA FL		CITY-ST-ZIP: _____	
TITLE: T	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, ANNE		NAME: _____	
STREET ADDRESS: 5010 LEONA STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: TAMPA FL		CITY-ST-ZIP: _____	
TITLE: S	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NELSON, JAMES		NAME: _____	
STREET ADDRESS: 5010 LEONA STREET		STREET ADDRESS: _____	
CITY-ST-ZIP: TAMPA FL		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: **James Nelson** **4/15/01** **813-874-6666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)