2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P95000025768** Jan 12, 2000 8:00 am Secretary of State DATA SEARCH NETWORK, INC. 01-12-2000 90107 002 ***150.00 Mailing Address Principal Place of Business 21218 ST. ANDREWS BLVD 21301 POWERLINE RD STE. #206 BOCA RATON FL 33433 / . **BOCA RATON FL 33433-2435** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 58-2172465 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kenneth GROSS SKORUPSKI, JOANN Street Address (P.O. Box Number is Not Acceptable) 21218 ST. ANDREWS BLVD #611 # BOCA RATON FL 33433 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 (NOTE: Registered Agent signature required when reinstating) egistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition Delete TITLE TITLE SKORUPSKI, JOANN ΝΔΜΕ NAME 6135 VISTA LINDA Lane STREET ADDRESS STREET ADDRESS 6670 VILLA SUNRISE DR. #224 CITY-ST-ZIP CITY-ST-7(P **BOCA RATON FL 33433** [] Change ☐ Addition ☐ Delete TITLE TITLE GROSS, KENNETH **HAME** 6135 VISTA LINDA Lane STREET ADDRESS STREET ADDRESS 6670 VILLA SUNIRSE DR. #224 CITY-ST-ZIP CITY-ST-ZIP Boca Raton. **BOCA RATON FL 33433** CFO TITLE ☐ Delete ,TITLE Allen GROSS NAME NAME 475 Kinderkamack Road Oradell, NJ 07649 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS 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 regeiver 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.