

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90001 021 ***150.00

DOCUMENT # P95000025768

1. Entity Name

DATA SEARCH NETWORK, INC.

Principal Place of Business

**21301 POWERLINE RD
 STE. #206
 BOCA RATON FL 33433
 US**

Mailing Address

**21218 ST. ANDREWS BLVD
 #611
 BOCA RATON FL 33433**



2. Principal Place of Business

**21301 Powerline Rd
 Suite, Apt. #, etc.
 104**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

58-2172465

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GROSS, KENNETH
 21218 ST. ANDREWS BLVD
 #611
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SKORUPSKI, JOANN	
STREET ADDRESS	6135 VISTA LINDA LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	GROSS, KENNETH	
STREET ADDRESS	6135 VISTA LINDA LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	GROSS, ALLEN	
STREET ADDRESS	975 KINDERKAMACK ROAD	
CITY-ST-ZIP	ORADELL NJ 07649	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21218 ST. ANDREWS BLVD, PMB 611	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21218 ST. ANDREWS BLVD PMB 611	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2002

561-347-6421

CR2E034 (9/01)