

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045826

1. Entity Name

FAILSAFE DATA PROTECTION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90077 035 ***150.00

Principal Place of Business

Mailing Address

4210 NW 70TH TERR
GAINESVILLE FL 32606
US

4210 NE 70TH TERR
GAINESVILLE L 32606-4202
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3330944

Applied For

Not Applicable

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

BERGERON, MARK A
4210 NW 70TH TERR
GAINESVILLE FL 32606

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	BERGERON, MARK A	4210 NW 70TH TERR GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BERGERON, LOUISE A	4210 NW 70TH TERR GAINESVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

May 1, 2000 (352)337-9151

Date

Daytime Phone #

CR2E034 (9/99)

FF P95 000045826
A0063038
May 11, 2000

To Whom it May Concern:

This form is 10 days late because I have been on Chemotherapy for cancer. This form was buried in all the Dr bills, statements, insurance form statements, etc that have piled up.

I discovered it today & immediately called your office with the above info - I was told to write this explanation and mail it overnight to the "Other Correspondence" address, and that a "cutoff date" had not been announced - so there would not be the \$50 penalty in effect if the instructions were followed.

Thank you!

Mark Bergeron
President,

Failsafe Data Protection, Inc.