

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000089341**

1. Entity Name

PROVISIONER DATA SYSTEMS, INC.**FILED**
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90038 001 *****8.75

Principal Place of Business

Mailing Address

**3467 W. HILLSBORO BLVD.
SUITE 6
DEERFIELD BEACH FL 33442
US****3467 W HILLSBORO BLVD #6
DEERFIELD BCH FL 33442-1720****9191**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0624973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WACHTEL, BARRY
3467 W. HILLSBORO BLVD.
SUITE 6
DEERFIELD BEACH FL 33442**

Name

Street Address (P.O. Box Number is Not Acceptable)

1020 NW 6TH STREET.**Suite I**

City

DEERFIELD BEACH, FL

Zip Code

33442

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	P	<input type="checkbox"/> Delete
NAME	KINNER, RON	
STREET ADDRESS	5701 WATERBURY ROAD	
CITY-ST-ZIP	DES MOINES IA	

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	WACHTEL, NANCY	
STREET ADDRESS	% 669 N.W. 46TH AVE.	
CITY-ST-ZIP	DEERFIELD FL 33442	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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: **NANCY WACHTEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/00

Daytime Phone #

954-427-7007

CR2E034 (9/99)