

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033116

1. Entity Name

DATA MANAGEMENT SYSTEMS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90120 025 ***150.00

Principal Place of Business

Mailing Address

2074 WEAVER PARK DR
CLEARWATER FL 33765
US

2074 WEAVER PARK DR
CLEARWATER FL 33765-2108
US

2. Principal Place of Business

1051 CEPHAS DR

Suite, Apt. #, etc.

3. Mailing Address

1051 CEPHAS DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clearwater FL

City & State
CLEARWATER FL

4. FEI Number 59-3375824

Applied For
Not Applicable

Zip Country
33765 USA

Zip Country
33765 USA

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

LITTLE, THOMAS C
2123 NE COACHMAN RD SUITE A
CLEARWATER FL 34625

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 PD
NAME SCARFIA, MICHAEL J
STREET ADDRESS 1079 CEPHAS DR
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TS
NAME SCARFIA, MICHELLE
STREET ADDRESS 1079 CEPHAS DR
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michelle Scarfia Michelle Scarfia

2-22-00

(727)447-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)