FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P96000033116 DATA MANAGEMENT SYSTEMS, INC. 04-06-2001 90054 003 ***150.00 Principal Place of Business Mailing Address 1051 CEPHAS DR 1051 CEPHAS DR CLEARWATER FL 33765 **CLEARWATER FL 33765** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3375824 Not Applicable Zip Country Country Zip \$8.75 Additional П 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 2123 NE COACHMAN RD SUITE A **CLEARWATER FL 34625** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change Addition TITLE SCARFIA, MICHAEL J NAME NAME STREET ADDRESS 1079 CEPHAS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 Treasurer X Change TITLE ☐ Delete TITLE Addition SCARFIA, MICHELLE NAME NAME STREET ADDRESS 1079 CEPHAS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33765 VECe President TITLE Delete TÎTLÊ Change X Addition Gerald Riddle 1051 Cephas Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33765 CITY-ST-7IP TITLE ☐ Delete TITLE Secretary Change X Addition NAME NAME Jennifer M. Berry STREET ADDRESS STREET ADDRESS 1079 Cephas Drive CITY-ST-ZIP CITY-ST-ZIP Clearwater, <u>FL 33765</u> TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date