2002 UNIFORM BUSINESS REPORT (UBR)

Mar 18, 2002 8:00 am P96000068605 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90009 036 ***158.75 DATAVISION CMS. INC. Principal Place of Business Mailing Address 4630 N UNIVERSITY DRIVE 4630 N UNIVERSITY DRIVE 801100 SUITE 200 SUITE 200 CORAL SPRINGS FL 33067-4626 CORAL SPRINGS FL 33067-4626 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0689837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMANCE, KEITH Street Address (P.O. Box Number is Not Acceptable) 10239 NW 62 CT PARKLAND FL 33076-2349 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete TITLE NAME ROMANCE, KEITH NAME CR2E034 10239 NW 62 CT STREET ADDRESS STREET ADDRESS PARKLAND FL 33076-2349 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HUSSELMAN, DIRK NAME CAMINO PLZ #156 1050 CAROLAN AVE 311 STREET ADDRESS STREET ADDRESS BURLINGAME CA 94010-2561 CITY-ST-ZIP CITY-ST-ZIP BRUNO 94066-3401 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

sman ciwal SIGNATURE:

(9/01)