

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000094382**

1. Entity Name

V + S DATATECHNIC AND SOFTWARE, INC.**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90123 030 ***150.00

Principal Place of Business

**328 SHORE DRIVE EAST
OLDSMAR FL 34677**

Mailing Address

**328 SHORE DRIVE EAST
OLDSMAR FL 34677-3916**

2. Principal Place of Business

3. Mailing Address

1 BEACH DR. SE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2610 c/o DETLEF SOTH

City & State

City & State

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33701**USA**

4. FEI Number

59-3421937

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

**SOTH PROPERTY MANAGEMENT, INC.
328 SHORE DRIVE EAST
OLDSMAR FL 34677**

Name

DETLEF SOTH

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

1 BEACH DR. S.E. Apt #2610

City

ST. PETERSBURG

FL

Zip Code

33701

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 State10. 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
DC
SOTH, DETLEF
328 SHORE DRIVE EAST
OLDSMAR FL 34677☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCVP
SCHNOOR, ERNST E
25 ALOIS WOHLAUPH STREET
81545 MUNICH GERMANY OC☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SOTH, ELKE
328 SHORE DRIVE EAST
OLDSMAR FL 3467☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1 BEACH DR. SE #2610
ST. PETERSBURG, FL 33701TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1 BEACH DR. S.E. #2610
ST. PETERSBURG, FL 33701TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-00 727-894-3831

CR2E034 (9/99)