

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90133 019 ***150.00

DOCUMENT # P97000009844

1. Entity Name

DATA PLUS INVESTIGATIONS, INC.

Principal Place of Business

11500 NW 18TH STREET
 PEMBROKE PINES FL 33026

Mailing Address

1689 N. HIATUS RD
 SUITE 1251
 PEMBROKE PINES FL 33026

2. Principal Place of Business

1660 SANDPIPER ST.

3. Mailing Address

1660 SANDPIPER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island FL

City & State

MERRITT ISLAND FL

4. FEI Number

65-0732182

Applied For

Not Applicable

Zip

Country

32952

US

Zip

Country

32952

US

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REESE, RONALD E
1689 N. HIATUS RD.
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name **LINDA O. REESE**
 Street Address (P.O. Box Number is Not Acceptable) **1660 SANDPIPER ST.**
 City **MERRITT ISLAND** **FL** **32952**

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 **Linda O. Reese**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/2001

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	REESE, RONALD E	
STREET ADDRESS	1689 N. HIATUS RD., #1251	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Ronald E. Reese
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01
 Date

954-431-2512
 Daytime Phone #

CR2E034 (10/00)