

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90943 047 ***150.00

DOCUMENT # P97000021645



1. Entity Name
DATA SEEKER'S, INC.

Principal Place of Business
**560 S FLAGLER AVE
POMPANO BEACH FL 33060**

Mailing Address
**P.O. BOX 301
POMOPANO BEACH FL 33061**



2. Principal Place of Business
409 NE 25th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach, FL

City & State

4. FEI Number **65-0752998**

Applied For
Not Applicable

Zip
33062

Country
Broward

Zip

Country

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

**LEWANDOWSKI, CAROL N
560 S FLAGLER AVE
POMPANO BEACH FL 33060**

Name **LEWANDOWSKI, CAROLE N.**

Street Address (P.O. Box Number is Not Acceptable)
409 NE 25th Avenue

City **Pompano Beach FL** Zip Code **33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **LEWANDOWSKI, CAROLE N**
STREET ADDRESS **560 S FLAGLER AVE**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DP** ☐ Change ☐ Addition
NAME **LEWANDOWSKI, CAROLE N.**
STREET ADDRESS **409 NE 25th Avenue**
CITY-ST-ZIP **Pompano Beach, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Carole N. Lewandowski** **CAROLE N. Lewandowski** **954-849-422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/7/03** Daytime Phone #

CR2E034 (10/02)