

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028401

1. Entity Name

DATA MANAGEMENT, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90024 012 ***150.00

Principal Place of Business

Mailing Address

499 NE 33 ST
 BOCA RATON FL 33431
 US

499 NE 33 ST
 BOCA RATON FL 33431-6023
 US

2. Principal Place of Business

3. Mailing Address

4190 Oak Cir

4190 Oak Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Boca Raton, FL

Boca Raton, FL

4. FEI Number

65-0751796

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

USA

33431

USA

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

KELLY, SASKIA J
 499 NE 33 ST
 BOCA RATON FL 33431

Name

KELLY, SASKIA J.

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

7798 E. Country Club Blvd.

City

Boca Raton

FL

Zip Code

33487

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 State

10. 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 PVPS ☐ Delete
 NAME JANSSEN, SASKIA
 STREET ADDRESS 499 NE 33 ST
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
 NAME KELLY, SASKIA J.
 STREET ADDRESS 7798 E. Country Club Blvd
 CITY-ST-ZIP Boca Raton FL 33487

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)