

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91168 007 \*\*\*150.00

**DOCUMENT #** P97006037061  
**1. Entity Name** GROUNDWELL ENTERPRISES  
DBA BEACON DATA SERVICES  
5312 SW 88th CT  
GAINESVILLE, FL 32608

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <u>5312 SW 88th CT</u>		<b>3. Mailing Address</b> <u>5312 SW 88th CT</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>GAINESVILLE</u>		<b>City &amp; State</b> <u>FL</u>	
<b>Zip</b> <u>32608</u>	<b>Country</b> <u>USA</u>	<b>Zip</b> <u>32608</u>	<b>Country</b> <u>USA</u>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<input checked="" type="checkbox"/> <b>Applied For</b>
		<input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> <u>MARK CONSTANT</u>		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>5312 SW 88th CT</u>		
<b>City</b> <u>Gainesville</u> <b>FL</b> <b>Zip Code</b> <u>32608</u>		

**DO NOT WRITE  
IN THIS SPACE**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input checked="" type="checkbox"/>	<b>January 1 - May 1: Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>P</u> <u>RICHARD H. HAMMEASLEY</u> <u>PO BOX 44</u> <u>ST. GEORGES, GRENADA, WEST INDIES</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>T.S.</u> <u>MARK EDWARD CONSTANT</u> <u>5312 SW 88th CT</u> <u>GAINESVILLE, FL 32608</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 352-375-1169  
 Date Daytime Phone #

CR2E034B (12/01)