

**-2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000039755**1. Entity Name  
**DATA REVIEW, INC.****FILED****Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90032 006 \*\*\*150.00

0475589

Principal Place of Business  
**P.O. BOX 1840**  
**GOLDENROD FL 32733-1840**Mailing Address  
**P.O. BOX 1840**  
**GOLDENROD FL 32733-1840****60007245**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3449636**

Applied For

Not Applicable

Zip

Country

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****B&C CORPORATE SERVICES CENTRAL FL, INC.**  
**390 N ORANGE AVE**  
**STE 1100**  
**ORLANDO FL 32801**

Name

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

City

**FL**

Zip Code

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, 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	DPST	<input type="checkbox"/> Delete
NAME	CARROL, PATTI	
STREET ADDRESS	P.O. BOX 1840	
CITY-ST-ZIP	GOLDENROD FL 32733-1840	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MASON, BETTY	
STREET ADDRESS	254 DRIGGS DR	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHMIDT, CHERYL	
STREET ADDRESS	254 DRIGGS DR	
CITY-ST-ZIP	WINTER PARK FL 32793	
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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LADHA, SHERMIN	
STREET ADDRESS	P.O. BOX 1840 GOLDENROD FL 32733	
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT CHERYL	
STREET ADDRESS	P.O. BOX 1840	
CITY-ST-ZIP	GOLDENROD FL 32733	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001 SHERMIN LADHA

Date

(407)671-0000

Daytime Phone #

CR2E034 (10/00)