

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000041571**

1. Entity Name

COMPACT DATA SYSTEMS, INC.**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90955 042 ***150.00

Principal Place of Business

Mailing Address

**1527 W CARMEN ST
TAMPA FL 33606
US****1527 W CARMEN ST
TAMPA FL 33606-1203
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3446746

Applied For

Not Applicable

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

**ANDERSON, JOSHUA L
5161 WEST RIO VISTA AVENUE
TAMPA FL 33634**

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, 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

P☐ Delete

NAME

ANDERSON, JOSH

STREET ADDRESS

7237 HOLLOWELL DR N

CITY - ST - ZIP

TAMPA FL 33634

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

Y☐ Change☐ Addition

NAME

HANCOCK, Darrell

STREET ADDRESS

18131 Swan Lake Dr

CITY - ST - ZIP

Lutz, FL 33549

TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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☐ 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:**Darrell A. Hancock**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)