

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90168 018 ***150.00

DOCUMENT # P97000077942
1. Entity Name DIGITECH DATA, INC.

DO NOT WRITE IN THIS SPACE

656583

2. Principal Place of Business 1813 Eagles Rest Dr.
Suite, Apt. #, etc.

3. Mailing Address 1813 Eagles Rest Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Apopka, Florida
Zip 32712-2059 Country USA

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4. FEI Number 59-3495541
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DONALD DeROSA
Street Address (P.O. Box Number is Not Acceptable) 1813 Eagles Rest Drive
City Apopka FL Zip Code 32712

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) ☒

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>DONALD DeROSA</u> <u>1813 Eagles Rest Drive</u> <u>Apopka, Florida 32712</u>
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CR2034B (12/01)

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: Donald DeRosa - DONALD DeROSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 407-8804338
Date Daytime Phone #