

CAPITAL CONNECTION

850 222 1222

10/25 '00 13:50 NO.902 03/03

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087857

1. Entry Name

SAVY DATA, CORP, INC.

Principal Place of Business

Mailing Address

- SAME -

3201 W COMMERCIAL BLVD
Suite 118
FORT LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

Country

4. FEI Number

Applied For

Not Applicable

65-0787514

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Klein Jeffrey C.
23123 SR HWY #350B
BOCA RATON, FL 33428

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 in application.

(NOTE: Registered Agent signature required when re-registering.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax Filing requirement and elects to do so (See note on back) ☐

FILE NOW!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$500.00
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 (If any)

TITLE President ☒ Delete
NAME Richard Schweitzer
STREET ADDRESS 3201 W. COMMERCIAL BLVD
CITY-STATE-ZIP FORT LAUDERDALE FL 33309

TITLE President ☐ Change ☒ Add
NAME Michael Nevins
STREET ADDRESS 3201 West Commercial Blvd
CITY-STATE-ZIP FORT LAUDERDALE, FL

TITLE Sec/Treas ☐ Delete
NAME JACK KADYMER
STREET ADDRESS 3201 West Commercial Blvd
CITY-STATE-ZIP #118 FORT LAUDERDALE FL 33309

TITLE Sec/Treas/Director ☒ Change ☐ Add
NAME JACK KADYMER
STREET ADDRESS 3201 W COMMERCIAL BLVD
CITY-STATE-ZIP FORT LAUDERDALE, 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP
500003456015--B
-11/07/00--01115--024
*****61.25 *****61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

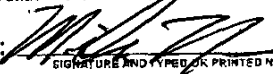
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-STATE-ZIP
SP

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, 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division/Entity #

10-30-00