

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094781

1. Entity Name

DATA NATIONAL, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90083 015 \*\*\*150.00

Principal Place of Business

800 Goodlette Road N.  
#350  
Naples, FL 34102

Mailing Address

800 Goodlette Road N.  
#350  
Naples, FL 34102

2. Principal Place of Business

800 Goodlette Road N.  
Suite, Apt. #, etc.

3. Mailing Address

800 Goodlette Road N.  
Suite, Apt. #, etc.

#350  
City & State

Naples, FL

Zip Country  
34102 U.S.A

#350  
City & State

Naples, FL

Zip Country  
34102 U.S.A

4. FEI Number

59-3478299

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Price, R. Scott Esq.  
Kelly, Price, Passidomo & Siket  
2640 Golden Gate Parkway, Suite 315  
Naples, FL 34105

7. Name and Address of New Registered Agent

Name

Labs, J. Daniel

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

800 Goodlette Road N., #350

City

Naples

FL

Zip Code  
34102

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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Labs, J D Dr.	
STREET ADDRESS	2640 Golden Gate Parkway	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	Price, R S	
STREET ADDRESS	2640 Golden Gate Parkway	
CITY-ST-ZIP	Naples, FL 34105	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Labs, J. Daniel	
STREET ADDRESS	800 Goodlette Road N., #350	
CITY-ST-ZIP	Naples, FL 34102	
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

Date

Daytime Phone #

CR2E034 (9/99)