

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096635

1. Entity Name

DATA INTERCHANGE CORPORATION

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90156 022 \*\*\*150.00

Principal Place of Business

Mailing Address

4650 WESTCHESTER CT.  
OLDSMAR FL 34677

4650 WESTCHESTER CT.  
OLDSMAR FL 34677

2. Principal Place of Business

4850 WESTCHESTER CT

3. Mailing Address

4850 WESTCHESTER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

OLDSMAR, FL

4. FEI Number

59-3482004

Applied For

Not Applicable

Zip

Country

34677 USA

Zip

Country

34677 USA

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

LEONE, JOESPH  
4650 WESTCHESTER CT.  
OLDSMAR FL 34677

Name JOSEPH LEONE

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

4850 WESTCHESTER CT

City

OLDSMAR

State

FL

Zip Code

34677

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

*Joseph Leone*

(NOTE: Registered Agent signature required when reinstating)

1/14/00

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 D  
NAME LEONE, JOSEPH  
STREET ADDRESS 4650 WESTCHESTER CT.  
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE D  
NAME JOSEPH LEONE  
STREET ADDRESS 4850 WESTCHESTER CT  
CITY-ST-ZIP OLDSMAR, FL 34677 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Joseph Leone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/00

Daytime Phone #

727-781-3838

CR2E034 (9/99)