

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000016785**

1. Entity Name
DATA TOOLS INC.



Principal Place of Business
**5920 N.W. 72ND COURT
PARKLAND FL 33067**

Mailing Address
**5920 N.W. 72ND COURT
PARKLAND FL 33067**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

4. FEI Number **65-0833480** Applied For
 Not Applicable

Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JI, KUN
5920 N.W. 72ND CT.
PARKLAND FL 33067**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JI, KUN 5920 NW 72ND CT PARKLAND FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JI*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/2003

Date Daytime Phone #

0032415
AV

CR2E034 (4/03)

Attachment



DATA TOOLS INC.

5920 NW 72nd Court, Parkland, Florida 33067

90146059
P98000014785

Tel: (954) 796-4305 Fax: (954) 796-8642

July 18, 2003

Dear Sir/Madam,

We just received the first notice attached; and did not receive the prior notice. We know it is late for annual report, since we are small business without revenue last year, would you be kind to consider waive the late fee.

Included is year 2003 Uniform Business Report and \$150.00 check as original filling fee.

Would you have any questions, please feel free to contact me at (954)796-4305.

Thank you for your consideration. I appreciate your help.

Sincerely yours,


Kun Ji