

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025775

1. Entity Name

DATA-MAXX SOFTWARE SYSTEMS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90088 038 ***150.00

Principal Place of Business

1429 COLONIAL BLVD
STE 201
FT. MYERS FL 33907
US

Mailing Address

1429 COLONIAL BLVD
STE 201
FT. MYERS FL 33907-1060
US

2. Principal Place of Business

16601 Old US 41
Suite, Apt. #, etc.

3. Mailing Address

16601 Old US 41
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL
Zip 33912 Country

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Ft. Myers, FL
Zip 33912 Country

4. FEI Number

65-0814464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANTLEY, MARJORIE
1429 COLONIAL BLVD
#201
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Marjorie Brantley

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

16601 Old US 41

City

Ft. Myers

FL

Zip Code

33912

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

Marjorie Brantley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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 NAME STREET ADDRESS CITY-ST-ZIP	P BRANTLEY, MARJORIE 1822 FOUR MILE COVE CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, THEODORE 1349 WALES DR FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURCIO, JOHN PO BOX 61386 FT MYERS FL 33906-1386	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:

Marjorie Brantley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

941-482-8200

Daytime Phone #

CR2E034 (9/99)