

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90051 047 \*\*\*150.00

**DOCUMENT # P98000048515**

1. Entity Name

**DATAGLYPHICS, INC.**

Principal Place of Business

233-3RD STREET NORTH, STE 201  
ST PETERSBURG FL 33701

Mailing Address

233-3RD STREET NORTH, STE 201  
ST PETERSBURG FL 33701-3877

00013304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**449 Central Avenue**

Suite, Apt. #, etc.

**Suite 201**

City & State

**St. Petersburg FL**

Zip

**33701**

Country

**Pinellas**

3. Mailing Address

**449 Central Avenue**

Suite, Apt. #, etc.

**Suite 201**

City & State

**St. Petersburg, FL**

Zip

**33701**

Country

**Pinellas**

4. FEI Number

**59-3519947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STOVER, WILLIAM H JR**  
**233-3RD STREET NORTH, STE 201**  
**ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

**William H. Stover Jr**

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

**449 Central Avenue, Suite 201**

City

**St. Petersburg**

FL

Zip Code

**33701**

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

*William H. Stover Jr*

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

(NOTE: Registered Agent signature required when reinstating)

**1/27/2000**

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **STOVER, WILLIAM H JR**  
CITY-ST-ZIP **11850- 9TH STREET NORTH, APT 5209**  
**ST PETERSBURG FL 33716**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **HUTCHESON CRAIG, MARSHALL E SOIN**  
CITY-ST-ZIP **233-3RD STREET NORTH, STE 201**  
**ST PETERSBURG FL 33701**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Delete  
NAME **SD**  
STREET ADDRESS **MARSHALL H. Craig**  
CITY-ST-ZIP **316 Appian Way NE**  
**St. Petersburg, FL 33701**

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

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

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

TITLE ☐ Change ☐ Delete  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William H. Stover Jr* **William H. Stover Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/2000**

Date

**727-827-395**

Daytime Phone #