

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053972

1. Entity Name

FTS INTERNATIONAL DATA SYSTEMS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90193 043 ***150.00

Principal Place of Business

Mailing Address

3498 BUFFAM PL.
CASSELBERRY FL 32707

3498 BUFFAM PL.
CASSELBERRY FL 32707-5508

2. Principal Place of Business

3. Mailing Address

7457 Aloma Ave

7457 Aloma Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Country

Zip

Country

32792

Orange

32792

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVELL, FRANKLIN K
3498 BUFFAM PL.
CASSELBERRY FL 32707

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.

SIGNATURE

Signature, typed or 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HARVELL, FRANKLIN K	
STREET ADDRESS	3498 BUFFAM PL.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVELL, DENEIL	
STREET ADDRESS	3498 BUFFAM PL.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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 #

29 Mar '00 407 673 2529

CR2E034 (9/99)