

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **98000053972**
Entity Name
FTS International Data Systems Inc

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90038 046 ***150.00

Principal Place of Business Mailing Address
7457 Aloma Ave
Suite 301
Winter Park, FL 32792

769955

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number
59-3517667
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Harvell, Franklin K
3498 Boffern PL
Casselberry, FL 32707

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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, 2001 Fee will be \$550.00
Check Payable to Department of State

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

OFFICERS AND DIRECTORS	
ET ADDRESS ST-ZIP	D Harvell, Franklin K ☐ Delete 3498 Boffern PL Casselberry, FL 32707
ET ADDRESS ST-ZIP	D Harvell, DeNeil ☐ Delete 3498 Boffern PL Casselberry, FL 32707
ET ADDRESS ST-ZIP	☐ Delete
ET ADDRESS ST-ZIP	☐ Delete
ET ADDRESS ST-ZIP	☐ Delete
ET ADDRESS ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **F Harvell** **30 Apr '01** **407 673-2529**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/00)