

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062310

1. Entity Name  
TOTAL DATA SOLUTIONS, INC.



Principal Place of Business  
18830 US 19 NORTH  
SUITE 330  
PINELLAS FL 33764

Mailing Address  
18830 US 19 NORTH  
SUITE 330  
PINELLAS FL 33764  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0853612

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALBOTT, C. PHILIP  
18830 US 19 NORTH North  
STE 330  
CLEARWATER FL 33764

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PSTD  
STREET ADDRESS TALBOTT, PHILIP  
CITY-ST-ZIP 2717 SEVILLE BLVD APT 2106  
FORT LAUDERDALE FL 33325

TITLE  
NAME  
STREET ADDRESS 18830 US 19 North Suite 330  
CITY-ST-ZIP Clearwater FL 33764

TITLE  
NAME D  
STREET ADDRESS LAWRENCE, CHRISTOPHER  
CITY-ST-ZIP 19 SYCAMORE DRIVE  
MECHANICSBURG PA 17055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME Controller  
STREET ADDRESS Michael Deland  
CITY-ST-ZIP 933 Spring Hill Blvd  
Palm Harbor FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

727.535.9545

Date

Daytime Phone #

CR2E034 (10/02)