

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069182

1. Entity Name

FACTEL DATA, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90055 002 ***150.00

Principal Place of Business

Mailing Address

9753 S ORANGE BLOSSOM TR
 STE 209
 ORLANDO FL 32837

PO BOX 770726
 ORLANDO FL 32877-0726

2. Principal Place of Business

3. Mailing Address

1714 NESTLEWOOD TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59-3526381

Applied For

Not Applicable

Zip

Country

32837 USA

Zip

Country

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

TAYLOR, CATHERINE
 1702 NESTLEWOOD TRAIL
 ORLANDO FL 32837

Name

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

1714 NESTLEWOOD TRAIL

City

ORLANDO

FL

Zip Code

32837

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

CATHERINE TAYLOR

(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 P ☐ Delete
 NAME JACOME, JUAN
 STREET ADDRESS 1702 NESTLEWOOD TRAIL
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1714 NESTLEWOOD TRAIL
 CITY-ST-ZIP ORLANDO, FL. 32837

TITLE P ☐ Delete
 NAME TAYLOR, CATHERINE
 STREET ADDRESS 1702 NESTLEWOOD TRAIL
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1714 NESTLEWOOD TRAIL
 CITY-ST-ZIP ORLANDO, FL. 32837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

JUAN JALOME

Date

4/12/2000

Daytime Phone #

407 812 7505

CR2E034 (9/99)