Amended

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069951

1. Entity Name

Data Direct System, Inc.

FILED

01 JUN 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3901 W. Waters Ave. Ste."B" Tampa,Fla. 33614	

2. Principal Place of Business	3. Mailing Address
3901 W.Waters Ave.	3901 W.Waters Ave.
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.: B
City & State: Tampa Fl.	City & State: Tampa,Fl.
Zip: 33614 Country: Hills.	Zip: 33614 Country: Hills.

4. FEI Number: 59-3528088 ☐ 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
Jamal Mansour 1902 W.Kennedy Blvd. Tampa,Fla. 33606	Name: Jeff Coyle Street Address (P.O. Box Number is Not Acceptable): 3901 W.Waters Ave.Ste."B" City: Tampa FL Zip Code: 33614

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: J. M. Coyle PRESIDENT JEFFREY M. COYLE 6/1/01

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Jamal Mansour 33606 1902 W.Kennedy Blvd.Tpa,Fl	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T/D Jeff Coyle Ste."B" 3901 W.Waters Ave.Tpa,Fl.33614	☐ Change ☒ Addition
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CR2E034 (11/00)

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: J. M. Coyle PRESIDENT JEFFREY M. COYLE 6/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #