

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097885

1. Entity Name

DATA DESIGN TECHNOLOGIES, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90024 039 ***158.75

Principal Place of Business
1811 LYONS RD. STE 206
COCONUT CREEK FL 33063

Mailing Address
1811 LYONS RD. STE 206
COCONUT CREEK FL 33063-9252

2. Principal Place of Business
929 SPRING CIRCLE

3. Mailing Address
929 SPRING CIRCLE
1811 LYONS RD

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
206

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH

Zip
33441

Country
USA

Zip
33441

Country
USA

4. FEI Number
65-0875147

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

WOLF, DIANE
1811 LYONS RD, STE 206
COCONUT CREEK FL 33063

Name
TIM SCHAEFER

Street Address (P.O. Box Number is Not Acceptable)
929 SPRING CIRCLE #206

City
DEERFIELD BEACH FL

Zip Code
33441

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  **04-28-2000**

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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, TIMOTHY B		NAME	SCHAEFER, TIMOTHY B	
STREET ADDRESS	1811 LYONS RD, STE 206		STREET ADDRESS	929 SPRING CIRCLE #206	
CITY-ST-ZIP	COCONUT CREEK FL 33063		CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **TIMOTHY B. SCHAEFER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT **04-28-2000** **954-401-9820**
Date Daytime Phone #

CR2E034 (9/99)