2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
05-30-2001 90031 012 ***150.00

DOCUMENT # P98000097885

1. Entity Name
Data Design Technologies, Inc.

Principal Place of Business | Mailing Address

A0072089

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
23054 Post Gardens Way	
Suite, Apt. #, etc. #404	Suite, Apt. #, etc.
City & State Boca Raton FL	City & State
Zip 33433 Country	Zip Country

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
Name DIANE WOLF
Street Address (P.O. Box Number is Not Acceptable)
23054 Post Gardens Way #404
City Boca Raton **FL** Zip Code 33433

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 Diane Wolf DIANE WOLF, Secy. & Registered Agent 5-24-01
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	~~P/D Timothy Schaefer 23054 Post Gardens Way Boca Raton FL 33433~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Timothy Schaefer 23054 Post Gardens Way Boca Raton FL 33433 ☑ 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: Timothy B Schaefer TIMOTHY B SCHAEFER 5-24-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #