

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098958

1. Entity Name

DATA DEVELOPMENT SOLUTIONS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90016 007 ***150.00

Principal Place of Business

Mailing Address

1639 CAPE CORAL PARKWAY
SUITE 205
CAPE CORAL FL 33904

1639 CAPE CORAL PARKWAY
SUITE 205
CAPE CORAL FL 33914-5731

2. Principal Place of Business

4117 SW 8TH CT

Suite, Apt. #, etc.

3. Mailing Address

4117 SW 8TH CT

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

65-0877627

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

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

TESTA, DEAN

1639 CAPE CORAL PARKWAY
SUITE 205
CAPE CORAL FL 33904

Name

TESTA, DEAN

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

4117 SW 8TH COURT

City

CAPE CORAL

FL

Zip Code

33914

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

(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	D	<input type="checkbox"/> Delete
NAME	TESTA, DEAN	
STREET ADDRESS	1639 CAPE CORAL PARKWAY #205	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)