

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90001 021 ***550.00

0010688 AV

DOCUMENT # P98000104770

1. Entity Name

DATA INFORMATION CORPORATION

Principal Place of Business

Mailing Address

C/O RANDALL L. SIDLOSCA. P.A.
 107 N VIRGINIA AVE
 WINTER PARK FL 32789

C/O RANDALL L. SIDLOSCA. P.A.
 107 N VIRGINIA AVE
 WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2135473

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

SIDLOSCA, RANDALL L

100 SOUTH BISCAYNE BLVD STE 800
AMI FL 33131

Name

JESUS N. SEGUIAS

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

107 N. VIRGINIA AVENUE

City

WINTER PARK

FL

Zip Code

32789

8. The above named entity certifies 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

8/17/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PRES/DIRECTOR** ☐ Delete
 NAME **SEGUIAS, JESUS**
 STREET ADDRESS **107 N VIRGINIA AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **D** ☐ Delete
 NAME **LOCURTO DE SEGUIAS, MARIA**
 STREET ADDRESS **107 N VIRGINIA AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

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

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, want all other like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/01 (407) 644-2338

Date Daytime Phone #

CR2E034 (5/01)