

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2002 8:00 am
Secretary of State

04-05-2002 90002 028 ***150.00

0057149

DOCUMENT # P98000104770

1. Entity Name

DATA INFORMATION CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

926 CROTON ROAD

3. Mailing Address

926 CROTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION, FLORIDA

City & State

CELEBRATION, FLORIDA

Zip

32747

Country

USA

Zip

32747

Country

USA

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

SIDLOSCA, RANDALL L
100 SOUTH BISCAYNE BLVD STE 800
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
AUGUST C MAYORGA

Street Address (P.O. Box Number is Not Acceptable)
200N DENNING DR. STE 5

City
WINTER PARK

FL

Zip Code

32789

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

3/12/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SEGUIAS, JESUS	
STREET ADDRESS	107 N VIRGINIA AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCURTO DE SEGUIAS, MARIA	
STREET ADDRESS	107 N VIRGINIA AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGUIAS, JESUS	
STREET ADDRESS	926 CROTON ROAD	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCURTO DE SEGUIAS, MARIA	
STREET ADDRESS	926 CROTON RD.	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Maria Locurto de Seguias

3/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)