2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # **P99000009566** Jan 12, 2000 8:00 am 1. Entity Name EXTERNAL DATA MOVERS, INC. **Secretary of State** 01-12-2000 90097 004 ***150.00 Principal Place of Business Mailing Address 2854 FORSYTH ROAD 2854 FORSYTH ROAD SHITE 830 SUITE 830 WINTER PARK FL 32792-6696 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 59-3554558 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32792 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent A-N-D=-H-MO-S. AMOS. GARLAND 2854 FORSYTH ROAD SUITE 830 WINTER PARK FL 32792 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 or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete NAME AMOS, GARLAND NAME 2033 Stappint court STREET ADDRESS 2854 FORSYTH ROAD SUITE 830 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WINTER PARK FL 32792 ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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.