

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000029859**

1. Entity Name

**Accuweb Data Solutions, Inc.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90067 022 \*\*\*150.00

Principal Place of Business

**3992 NW 88 Ave**  
**# 1-B**  
**Sunrise, FL 33351**

Mailing Address

**3992 NW 88 Ave**  
**# 1-B**  
**Sunrise, FL 33351**

2. Principal Place of Business

**200 SE 14 St**  
**Suite, Apt. #, etc.**  
**2-B**

3. Mailing Address

**200 SE 14 St**  
**Suite, Apt. #, etc.**  
**2-B**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

4. FEI Number

**65-0905719**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Silverlight, David**  
**3992 NW 88 Ave**  
**# 1-B**  
**Sunrise, FL 33351**

7. Name and Address of New Registered Agent

**Name Silverlight, David**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**200 SE 14 St**  
**# 2-B**  
**City Miami FL Zip Code 33131**

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.

**David Silverlight, Pres.**

(NOTE: Registered Agent signature required when reinstating)

**4-21-00**

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

**TITLE PD**  
**NAME Silverlight, David**  
**STREET ADDRESS 3992 NW 88 Ave, #1-B**  
**CITY-ST-ZIP Sunrise, FL 33351** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE PD**  
**NAME Silverlight, David**  
**STREET ADDRESS 200 SE 14 St, #2-B**  
**CITY-ST-ZIP Miami, FL 33131** ☒ Change ☐ Addition

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

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


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

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

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

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

**David Silverlight**

Date

**4/21/00**

Daytime Phone \*

**305-**

**377-3566**

CR2E034 (9/99)