

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000043628**

1. Entity Name

DATAMAXX ENTERPRISE INTELLIGENCE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 16 PM 2:00

Principal Place of Business
**2001 DRAYTON DRIVE
TALLAHASSEE FL 32311**

Mailing Address
**2001 DRAYTON DRIVE
TALLAHASSEE FL 32311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3575217**

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

**STEPHENSON, KAY
2001 DRAYTON DRIVE
TALLAHASSEE FL 32311**

Name

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

City

400023338194

09/25/03--01046--010 **758.75

FL

Zip Code

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: registered Agent signature required when reinstating)

10/10/03
DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CCEO**
NAME **STEPHENSON, KAY** ☐ Delete
STREET ADDRESS **4988 O'SHEA COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Change ☒ Addition
NAME **WATERS, KATHRYN**
STREET ADDRESS **3900 ROYAL OAKS DR**
CITY-ST-ZIP **TALL, FL 32308**

TITLE **COO**
NAME **TIMS, STEPHEN D** ☐ Delete
STREET ADDRESS **3736 IVY GREEN TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D/V/S** ☒ Change ☐ Addition
NAME **TIMS, STEPHEN D**
STREET ADDRESS **3736 IVY GREEN TRAIL**
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE **D** ☒ Delete
NAME **MANCA, ROBERT**
STREET ADDRESS **7988 COUNTRY TRAIL DRIVE**
CITY-ST-ZIP **ORANGE VALE CA 95662**

TITLE **VP** ☐ Change ☒ Addition
NAME **LAKE, WILLIAM**
STREET ADDRESS **10112 WATERS MEET DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **SD** ☒ Delete
NAME **WATERS, JONATHAN**
STREET ADDRESS **3900 ROYAL OAKS DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **T** ☐ Change ☒ Addition
NAME **POULOS, CHRISTINA**
STREET ADDRESS **6383 PISGAH CHURCH RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **PCOO** ☐ Delete
NAME **MILLER, STEPHANIE**
STREET ADDRESS **3829 BLAZING STAR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D/P/COO** ☒ Change ☐ Addition
NAME **MILLER, STEPHANIE**
STREET ADDRESS **3829 BLAZING STAR DR**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **V** ☐ Delete
NAME **ROHM, GREGORY A**
STREET ADDRESS **9120 BIRCH RUN LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **CHRISTINA POULOS**

9/24/03

(850) 558-8036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)