

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000052362**1. Entity Name  
DATAMAXX PROFESSIONAL SERVICES, INC.

## Principal Place of Business

3780-A PEDDIE DRIVE

TALLAHASSEE

32303

FL

## Mailing Address

3780-A PEDDIE DRIVE

TALLAHASSEE

32303

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 4. FEI Number

**59-3580702**

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

STEPHENSON KAY  
3780 A PEDDIE DR

TALLAHASSEE

32303

US

FL

## 7. Name and Address of New Registered Agent

Name

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

City

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/05/2001**

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, 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	VP	<input type="checkbox"/> Delete
NAME	FARRAR TIMOTHY	
STREET ADDRESS	206 ST PAUL STREET	
CITY-ST-ZIP	PEARL MS 39208	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LAKE CHRISTINA	
STREET ADDRESS	10112 WATERS MEET DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATERS JONATHAN	
STREET ADDRESS	3900 ROYAL OAKS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANCA ROBERT	
STREET ADDRESS	7988 COUNTRY TRAIL DR	
CITY-ST-ZIP	ORANGEVALE CA 95662	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMS STEPHEN D	
STREET ADDRESS	4409 HIGH POINTE COURT	
CITY-ST-ZIP	EDMOND OK 73034	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG STUART E	
STREET ADDRESS	2120 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:** Christina Lake

PCEO

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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**CHRISTINA POULOS, TREASURER**  
**6383 PISGAH CHURCH ROAD**

**TALLAHASSEE, FL 32308**

**WILLIAM P. LATINI, ASST. SECRETARY**  
**7967 LOCHKNOLL LANE**

**TALLAHASSEE, FL 32312**

**KAY STEPHENSON, CHAIRMAN & CEO**  
**4988 O'SHEA COURT**

**TALLAHASSEE, FL 32308**