## **2003 FOR PROFIT CORPORAT** INIFORM RUSINESS REPORT

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	FILED				3			
1. Entity Name DATAMAXX PROFESSIONAL SERVICES, INC.				03	3 OCT 15	AH 8:	22	
Principal Place of Business 2001 DRAYTON DRIVE TALLAHASSEE FL 32311  Mailing Address 2001 DRAYTON DRIVE TALLAHASSEE FL 32311  TALLAHASSEE FL 32311				S TA	SECRETARY NLLAHASSE	OF STA E. FLORI	TE IDA	
2. Principal Place of Business 3. Mailing Address				mpiai@T	ATMA	east	**************************************	
. Suite, Apt. #, etc. Suite, Apt. #, etc.				TENED 1	制化學的	CHANGES	03	والسع
City & State				4. FEI Number 59-35807	02			7
Country	Zip	Country		5. Certificate of Status Desired		8.75 Add	itional	
6. Name and Address of Current	Registered Agent			7. Name and Address of Nev		•		1
STEPHENSON, KAY			Name					
2001 DRAYTON DRIVE			Street Address (F	20Box Number is Not Accepta	ble)	<del></del>		
SSEE FL 32311								
7			City		FL	Zip Code	)	
e named whith submits this statement for	r the purpose of changing its r	egistered	office or registere	ed agent, or both, in the State of	Florida. I am fa	amiliar with,	and accept	
May Dele	w			10/				
	and title if applicable. (NOTE:	Registered A	gent signature required	when reinstating)	DATE			
eptember 10, 2003 Fee will be \$750.	<b>I</b>			' -	· · ·			
	DIRECTORS	11.	~	ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTORS	S IN 11	]_
STEPHENSON, KAY L	Delete	TITLE NAME STREET				☐ Change	Addition	CR2E034 (4/03)
TALLAHASSEE FL 32309			-ZIP TALL	AHASSEE, FL32	30B			12E00
	☐ Delete	TITLE NAME	DIV	STEPHEN D		Change	Addition	٦
3736 IVY GREEN TRAIL		4	DORESS 373	6 IVY GREEN TR	ALL			
D	₩ Delete	TITLE	(a-fr	orden er er gran i den dette er		☐ Change	j Addition	1
7988 COUNTRY TRAIL DR			DDRESS .				- )	
ORANGEVALE CA 95662		CITY-ST						
	☐ Delete	TITLE NAME				Change	Addition	
3900 ROYAL OAKS DR			DDRESS 390	D ROYAL DAKS				
PCEO	Delete	TITLE			· .	<b>∑</b> Change	Addition	1
LAKE, CHRISTINA	Name .	NAME	LAK	E, CHRISTINA		<b>~</b>		
TALLAHASSEE FL 32312				<del>_</del>	<u> </u>			
TREA POULOS, CHRISTINA	☐ Delete	TITLE			-	☐ Change	☐ Addition	1
		NAME						1
6383 PISGAH CHURCH ROAD TALLAHASSEE FL 32309		STREET A	DDRESS					
	ce of Business ON DRIVE EF FL 32311  Place of Business  . #, etc.  tte  Country  6. Name and Address of Current  NSON, KAY AYTON DRIVE ASSEE FL 32311  e named with submits this datement fo titions of equated agent  Signature, typed of price agent  FILE NOWLY FEE IS \$550.00  sptember 10, 2003 Fee will be \$750  k Payable to Florida Department of  OFFICERS AND  CCEO STEPHENSON, KAY L 4988 O'SHEA COURT TALLAHASSEE FL 32309  COO TIMS, STEPHEN D 3736 IVY GREEN TRAIL TALLAHASSEE FL 32311  D MANCA, ROBERT 7988 COUNTRY TRAIL DR ORANGEVALE CA 95662  SD WATERS, JONATHAN 3900 ROYAL OAKS DR TALLAHASSEE FL 32308  PCEO LAKE, CHRISTINA 10112 WATERS MEET DR TALLAHASSEE FL 32312  TREA	The XX PROFESSIONAL SERVICES, INC.  The Country Countr	The Country Signature of Count	Mailing Address ON DRIVE EF FL 32311  Place of Business ON DRIVE EF FL 32311  TALLAHASSEE FL 32311  Place of Business  3. Mailing Address 2001 DRAYTON DRIVE EF FL 32311  TALLAHASSEE FL 32311  Country  Zip  Country  Zip  Country  Street Address (Address of Current Registered Agent  Name  NSON, KAY  ATTON DRIVE  SSEE FL 32311  City  en named of finity subprise this base agent and tile if applicable  Syndram type from a before agent and tile if applicable  Syndram type from a before agent and tile if applicable  Syndram type from a before agent and tile if applicable  SSEE FL 32311  City  en named of finity subprise this base agent and tile if applicable  Syndram type from a before agent and tile if applicable  Syndram type from a before agent and tile if applicable  Syndram type from a before agent and tile if applicable  (NOTE flagistered Agent agnature required  Incl.  City  Syndram type from a before agent and tile if applicable  Syndram type from a before agent and tile if applicable  Syndram type from a before agent and tile if applicable  (NOTE flagistered Agent agnature required  (NOTE flagistered Agent agnature required  Incl.  City  Syndram type from a before agnature required  Incl.  Defect  Incl.  Defect  Incl.  Div.  TALLAHASSEE FL 32301  Defect  Incl.  ASS  SYNDRAM AGENT TALLAHASSEE FL 32311  Defect  Incl.  ASS  SYNDRAM AGENT TALLAHASSEE FL 32311  Defect  Incl.  ASS  CITY-ST-ZP  TALLAHASSEE FL 32308  CITY-ST-ZP  TALLAHASSEE FL 32308  CITY-ST-ZP  TALLAHASSEE FL 32308  CITY-ST-ZP  TALLAHASSEE FL 32312  TREA  Defect  Incl.  ASS  CITY-ST-ZP  TALLAHASSEE FL 32312  TREA  Defect  TITLE  TALLAHASSEE FL 32312  TREA  Defect  TITLE  TALLAHASSEE FL 32312  TREA  Defect  TITLE  TALLAHASSEE FL 32312  TREA  TALLAHASSEE FL 32312	TALLAHASSEE FL 32311  Country  Country	DOI DESIGNAL SERVICES, INC.  103 OCT   5  SECRETARY  SECRETARY  FALLAHASSE R. 92311  Fince of Business ON DRINE 201 PRAYTON DRIVE TALLAHASSE R. 92311  Fince of Business ON DRINE 201 PRAYTON DRIVE TALLAHASSE R. 92311  Fince of Business  3. Mailting Address SECRETARY FALLAHASSE R. 92311  Fince of Business  3. Mailting Address SECRETARY FALLAHASSE R. 92311  Fince of Business  3. Mailting Address SECRETARY FALLAHASSE R. 92311  Fince of Business South Address of Business  4. FEI Number 59-3580702  5. Certificate of Status Desired  7. Name and Address of New Registered Agent Name NSON, KAY  ANTON DRIVE SSEE FI. 32311  City  FL  On manad grins aud white may defend the registered Agent of the Status Desired Agent of New Registered Agent agent of New Registered Agent of New Registered Agent agent of New Registered Agent of New Registered Agent of New Registered Agent agent of New Registered Agent of New Registered Agent	DO BOURNESS INC.  03 OCT IS AN 8:  DO GROVE SIGNAL SERVICES, INC.  03 OCT IS AN 8:  SECRETARY OF STA AND SECRETARY	Applied Fr.  Suries, April & etc.  Suries, A

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:

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850)558-2036