

DOCUMENT # P99000054162

1. Entity Name

U S DATA RX, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90087 040 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1887 SOUTH 14TH STREET FERNANDINA BEACH FL 32034	C/O ATN. INC. 919 DILWORTH ST SAINT MARYS GA 31558

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	58-2536809	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WOOD, MARSHALL E 303 CENTRE STREET STE 100 FERNANDINA BEACH FL 32034

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	C <input type="checkbox"/> Delete
NAME	ROBINSON, ROBERT
STREET ADDRESS	4480 MARCH VIEW DR
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	P <input type="checkbox"/> Delete
NAME	SPANGLER, ROBERT E
STREET ADDRESS	3998 1ST AVE
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	S <input type="checkbox"/> Delete
NAME	REILLY, GORDON R
STREET ADDRESS	1287 AVON DALE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32205
TITLE	T <input type="checkbox"/> Delete
NAME	RAWLS, STEVE
STREET ADDRESS	1887 S 14TH ST
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	LAYLAND, MICHAEL
STREET ADDRESS	118 S 6TH ST
CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	D <input type="checkbox"/> Delete
NAME	WESTBEREL, WYMAN
STREET ADDRESS	203 E DILLINGHAM ST
CITY-ST-ZIP	SAINT MARYS GA 31558

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, GORDON R.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTBERRY, WYMAN
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)