

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90008 015 ***150.00

DOCUMENT # P99000069568

1. Entity Name

DATA MANAGERS, INC.

Principal Place of Business

**429 -7TH AVE N.
JAX BEACH FL 32250**

Mailing Address

**P O BOX 50186
JACKSONVILLE BCH FL 32240**

2. Principal Place of Business

3365 EUNICE RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

JAX. BCH FL

City & State

4. FEI Number

59-3592354

Applied For

Not Applicable

Zip

32250

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EGGERS, ROBERT E
429 7TH AVE
JAX BEACH FL 32250**

ADDRESS CHANGE ONLY

7. Name and Address of New Registered Agent

Name

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

3365 EUNICE RD

City

JACKSONVILLE BCH FL

Zip Code

32250

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)

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 **P** ☐ Delete
NAME **JONES, ALAN G**
STREET ADDRESS **1655 THE GREENS WAY #2924**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32-250.**

TITLE **VS** ☐ Delete
NAME **EGGETY, ROBERT E**
STREET ADDRESS **429 -7TH AVE N**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/2001

Daytime Phone #

**9104
223-5367**

CR2E034 (10/00)

0457862