

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078383

1. Entity Name
VERDATA, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90086 016 ***150.00

Principal Place of Business
5427 HARBORSIDE DRIVE
TAMPA FL 33615

Mailing Address
5427 HARBORSIDE DRIVE
TAMPA FL 33626-1721

2. Principal Place of Business
5571 Baywater Dr.
Suite, Apt. #, etc.

3. Mailing Address
5571 Baywater Dr.
Suite, Apt. #, etc.

City & State
Tampa, FL 33615
Zip
33615
Country
USA

City & State
Tampa, FL 33615
Zip
33615
Country
USA

4. FEI Number
59-3596318
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

RUTHERFORD, WILLIAM J
5427 HARBORSIDE DRIVE
TAMPA FL 33615

Name
Rutherford, William J
Street Address (P.O. Box Number is Not Acceptable)
5571 Baywater Dr.
City
Tampa, FL
Zip Code
33615

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  William J Rutherford President 2.7.2000
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 another like empowered.

SIGNATURE:  William J Rutherford April 3, 2000 813.814.1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)