

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06345

1. Entity Name

INSTANT DATA RESOURCES, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90175 015 ***150.00

Principal Place of Business

Mailing Address

2445 HOLLYWOOD BLVD.
#310
HOLLYWOOD FL 33020
US

3389 SHERIDAN ST
#281
HOLLYWOOD FL 33021-3606
US

2. Principal Place of Business

3. Mailing Address

801 Brickell Ave.
Suite, Apt. #, etc.
9th Floor PMB 900

PO Box 4394
Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami FL

Zip
33131-2495

Country
US

Zip
33269-4394

Country
US

6. Name and Address of Current Registered Agent

HOWARD, WILLIAM R
3389 SHERIDAN STREET
#281
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
Howard, William R.
Street Address (P.O. Box Number is Not Acceptable)
801 Brickell Ave.
9th Floor PMB 900
City
Miami
FL 33131-2495

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOWARD WILLIAM R	
STREET ADDRESS	3389 SHERIDAN STREET #281	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard, William R.	
STREET ADDRESS	801 Brickell Ave. 9th Floor PMB 900	
CITY-ST-ZIP	Miami, FL 33131-2495	
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:

William R. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0215861

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required