

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30989

1. Entity Name
VOICE/DATA SYSTEMS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90323 049 ***150.00

Principal Place of Business
12150 RACE TRACK ROAD
TAMPA FL 33626
US

Mailing Address
2084 SWAN LN
SAFETY HARBOR FL 34695-5326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
700 A Stevens
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 209
Suite, Apt. #, etc.

City & State
Oldsmar Florida

City & State
Oldsmar Florida

Zip
34677

Country
USA

Zip
34677-209

Country

4. FEI Number 59-3046940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARU MANAGEMENT CORPORATION
13902 N DALE MABRY HIGHWAY
SUITE 213
TAMPA FL 33618

7. Name and Address of New Registered Agent
Name
Albison, Stella
Street Address (P.O. Box Number is Not Acceptable)
700A Stevens
City
Oldsmar FL Zip Code
34677-209

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 NAME STREET ADDRESS CITY-ST-ZIP	D ALBISON, STELLA 2084 SWAN LANE SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTTO, PAUL 19155 CHERRY ROSE CIRCLE LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albison, Stella 610 Kingshill Court Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stella Albison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (813) 855-8955
Date Daytime Phone #

CR2E034 (9/99)