

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 03, 2001 08:00 AM
Secretary of State

DOCUMENT # S35043

1. Entity Name
DATA INTEGRITY, INC.

Principal Place of Business 3848 JASMINE LANE CORAL SPRGS 33065	FL	Mailing Address 3848 JASMINE LANE SUITE 130 CORAL SPRGS 33065	US	FL
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2. Principal Place of Business	3. Mailing Address 3848 JASMINE LANE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CORAL SPRGS	FL
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Zip 33065	Country US
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4. FEI Number 65-0246209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KUTCHERA NEIL J
5301 NO FEDERAL HWY
STE 130
BOCA RATON FL
33487 US

7. Name and Address of New Registered Agent

Name
KUTCHERA NEIL J
 Street Address (P.O. Box Number is Not Acceptable)
3848 JASMINE LANE
 City
CORAL SPRINGS FL Zip Code
33065

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 **NEIL J. KUTCHERA** 01/03/2001
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input type="checkbox"/> Delete
NAME KUTCHERA NEIL J.	
STREET ADDRESS 3848 JASMINE LANE	
CITY-ST-ZIP CORAL SPRINGS FL	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Neil J. Kutchera Pres 01/03/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)