

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39095

1. Entity Name

DALLASTONE SYSTEM SOLUTIONS, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90127 037 \*\*\*150.00

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216  
US

4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216-6191  
US

2. Principal Place of Business

P. O. Box 551260

3. Mailing Address

P. O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL

Jacksonville, FL

4. FEI Number 59-3057331

Applied For

Not Applicable

32255

Country

Zip 32255

Country

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

SCHNEIDER, MICHAEL N.  
4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

Name Michael N. Schneider

Street Address (P.O. Box Number is Not Acceptable)  
5150 Belfort Road

Building 100

City Jacksonville, FL Zip Code 32256

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST  
NAME DACKS, BARRY C.  
STREET ADDRESS 9428 BAYMEADOWS RD, STE. 131  
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Delete

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

TITLE V  
NAME DACKS, LINDA  
STREET ADDRESS 9428 BAYMEADOWS RD., STE. 131  
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Delete

TITLE ☐ Change ☐ Addition  
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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 a 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)