## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # \$58754** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name **B & A DATA SERVICES INC.** 04-20-2000 90056 011 \*\*\*150.00 Principal Place of Business Mailing Address 4826-B WOODLANE CIRCLE 4826-B WOODLANE CIRCLE TALLAHASSEE FL 32303-6808 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3074136 Not Applicable Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAYTON, BUDDY J. PAYTON, BUDDY J. Street Address (P.O. Box Number is Not Acceptable) 4826-B WOODLANE CIRCLE 2717 HASTING DR. TALLAHASSEE FL 32303 City TALLAHASSEE, 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. Buddy J. Payton, President Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees XXX (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ρ **文**文Change Addition TITLE ☐ Detete TITLE PAYTON, BUDDY J. NAME NAME PAYTON, BUDDY J. STREET ADDRESS 2717 HASTING DR. STREET ADDRESS 4826-B WOODLANE CIRCLE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TALLAHASSEE, FL. 32303 XX Change ☐ Addition ☐ Delete TITLE TITLE PAYTON, ALICE PAYTON, ALICE STREET ADDRESS 2717 HASTING DR STREET ADDRESS 4826-B WOODLANE CIRCLE CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TALLAHASSEE, FL. 32303 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 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

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4/14/00 850-562-3282

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