FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State

ONIFORNI BUSINESS REPURT (UBK)			04-29-2002 90084 017 ***150.00	
DOCUMENT # \$92150				,1, 100,000
Midlantic, Data Systems, Inc.			\ 2.00000 × ×0.0000	
DO NOT WRITE IN THIS SPACE			,	
2. Principal Place of Business 7005 Technology Drive 7005 Technology		ology Drive		
Suite. Apt. #, etc.	Suite, Apt. #. etc.	<u> </u>	DO NOT WRITE IN THIS SPA	NCE
Mubourne, FL	City & State Melbourne,	FL	4. FEI Number 59-309 1850	Applied For Not Applicable
32904 Country USA	^{Zip} 32-404	Country USA	Fee	1.75 Additional e Required
DO NOT W		Name .	7. Name and Address of Current Registered Address of Current Registered Address D	jent ·
DO NOT W IN THIS SP		Street Address	P.O. Box Number is Not Acceptable)	
:	AGE	City	Surge F1 FL	Zip Code 32904
8. The above named entity submits this statement for	the purpose of changing its r	registered office or registe		3290Y
STGNATURE Signature, typed or printed name of registered agence	nd little il applicable. (NOTE:	Registered Agent signature require	I when reinstating (PAI)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 - Ma After May 1 Amended	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 le to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND				
NAME Woodall, Linda D		TITLE NAME		2/01
STREET ADDRESS G280 S. Tropical Trail CHY-ST-ZIP Merritt Island, FL 32952		STREET ADDRESS CHY-S1-ZIP		, CR2E034B (12/01)
NAME WOODDAN, Charles R. STREET ADDRESS 9280 S. Tropical Trail		.TITLE NAME		CR2EC
CITY-ST-ZIP Merritt Island,	FL 32952	STRUET ADDRESS CITY+ST-ZIP		
TITLE NAME		TITLE		
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS** ' ***** CITY-ST-7IP	TO NOT WOLE I	
TITLE NAME		TITLE NAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		TITLE		
SIREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		•
TITLE NAME		TITLE	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CHY+ST-ZIP		
13. Thereby certify that the information supplied with a indicated on this report or supplemental report is of the corporation or the receiver or trustee emporattachment with an address, with all other like emporation.	werea to execute this report.	he exemption stated in Se y signature shall have the s as required by Chapter 60	ction 119.07(3)(i), Florida Statutes, I further certify the same logal effect as if made under oath; that I am a 07, Florida Statutes; and that my name appears in	hat the information n officer or director Block 11 or on an
SIGNATURE: SIGNATURE AND TYPED OR PR	Works	Linda D.		1-725-2411 Phone *