

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V36993**

1. Entity Name

DATA GROUP INTERNATIONAL, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90381 015 ***150.00

Principal Place of Business

**4 EMBARCADERO CTR
SUITE 3610
SAN FRANCISCO CA 94111
US**

Mailing Address

**4 EMBARCADERO CTR
SUITE 3610
SAN FRANCISCO CA 94111
US**

2. Principal Place of Business

**8 PARKVIEW
Suite, Apt. #, etc.
CORTE MADERA, CA
City & State**

3. Mailing Address

**433 TOWN CENTER
Suite, Apt. #, etc.
#415
CORTE MADERA, CA
City & State**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3130060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TENNEY, MARC A.
5999 CENTRAL AVE
SUITE 200
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 ☐ Delete
NAME **PST**
STREET ADDRESS **DEMYANOVICH, ULRIKE M.**
CITY-ST-ZIP **8 PARKVIEW CIR
CORTE MADERA CA 94925**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **LEONARD, JULIE H**
STREET ADDRESS **← same**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (415)354-2317
Date Daytime Phone #

CR2E034 (9/01)