

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State
 01-27-2001 90074 039 ***158.75

DOCUMENT # V08706

1. Entity Name
TOTAL SYSTEMS, INC.

Principal Place of Business
4167 N STATE RD 7
LAUDERDALE LAKES FL 33319
US

Mailing Address
4167 N STATE RD 7
LAUDERDALE LAKES FL 33319
US

2. Principal Place of Business

4330 W. BROWARD BLVD.
 Suite, Apt. #, etc.
"I"

3. Mailing Address

4330 W. BROWARD BLVD
 Suite, Apt. #, etc.
SUITE "I"

City & State
PLANTATION, FL

City & State
PLANTATION FL

Zip
33317

Country
USA

Zip
33317

Country
USA

4. FEI Number **65-0307105**

Applied For
 Not Applicable

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

HAMMOND ERIC J
731 NW 48 AVENUE
PLANTATION FL 33311

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 _____ (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 **DP** ☐ Delete
 NAME **HAMMOND, ERIC J**
 STREET ADDRESS **731 NWW 48TH AVE**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE **D** ☐ Delete
 NAME **HAMMOND, CLAUDETTE E**
 STREET ADDRESS **731 NW 48 AVE**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **CLAUDETTE HAMMOND, VICE PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/2001** (954)
 Daytime Phone # **484-2120**

CR2E034 (10/00)