

000 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **498763**

NAME
INVICEMASTER - FLORIDA, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90078 049 ***150.00

Principal Place of Business Mailing Address
S. ANDREWS AVENUE 3104 S. ANDREWS AVENUE
LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316-4126

913002



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Country Zip Country

4. FEI Number **59-1655349** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEYER, GEORGE JR.
3104 S. ANDREWS AVENUE
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V			NAME		
LOSCHIAVO, LAWRENCE, JR			STREET ADDRESS		
535 HENDRICKS ISLE #101			CITY-ST-ZIP		
FT LAUDERDALE, FL 00000					
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD			NAME		
MEYER, GEORGE JR.			STREET ADDRESS		
140 E TROPICAL WAY			CITY-ST-ZIP		
PLANTATION, FL 00000					
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD			NAME		
PAYNE, BEVERLY			STREET ADDRESS		
1660 NW 42ND STREET			CITY-ST-ZIP		
OAKLAND PK. FL					
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
ADDRESS	ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: *Beverly Payne* 1/24/00 954/525-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)