

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90063 050 \*\*\*\*61.25

**DOCUMENT # 716361**

1. Entity Name

**FINANCIAL TRANSACTION SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**5201 W. KENNEDY BLVD.  
 SUITE 915  
 TAMPA FL 33609  
 US**

**PO BOX 22377  
 TAMPA FL 33622-2377**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1262534**

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

**COLLINS, LEROY, JR.  
 5201 W. KENNEDY BLVD., SUITE 915  
 TAMPA FL 33609**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
 NAME **ROBERSON, BRUCE H**  
 STREET ADDRESS **400 N. ASHLEY/2300 NCNB**  
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **PD** ☐ Delete  
 NAME **COLLINS, LEROY, JR.**  
 STREET ADDRESS **5201 W. KENNEDY BL. #915**  
 CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☒ Delete  
 NAME **JONES, RAYMOND**  
 STREET ADDRESS **4093 BARRANCAS AVE**  
 CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **D** ☐ Delete  
 NAME **BURWELL, ROBERT A.**  
 STREET ADDRESS **670 ISLAND WAY #703**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition  
 NAME **BURWELL, ROBERT A.**  
 STREET ADDRESS **680 ISLAND WAY #410**  
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **VP** ☐ Delete  
 NAME **BORDEN, LARRY**  
 STREET ADDRESS **5201 WEST KENNEDY BLVD, #915**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition  
 NAME **BORDEN, LARRY**  
 STREET ADDRESS **5201 WEST KENNEDY BLVD, #915**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VTD** ☐ Delete  
 NAME **EDMUND, DEBARBA**  
 STREET ADDRESS **5201 W KENNEDY BLVD STE 915**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition  
 NAME **DEBARBA, EDMUND**  
 STREET ADDRESS **5201 W KENNEDY BLVD STE 915**  
 CITY-ST-ZIP **TAMPA FL 33609**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)