

2000 UNIFORM BUSINESS REPORT (UBR)

0584789

DOCUMENT # F98000007103

1. Entity Name

CARD CAPTURE SERVICES, INC.

FILED

00 APR 27 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4603 COUNTRY HILLS DRIVE
TAMPA FL 33624

Mailing Address

13190 SW 68TH PKWY
SUITE 200
PORTLAND OR 97223-8368
US

2. Principal Place of Business

NONE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-1108063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

11. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME JETTON, JEFFREY R
STREET ADDRESS 90 GARIBALDI
CITY-ST-ZIP LAKE OSWEGO OR

TITLE P ☐ Delete
NAME GRANO, DAVID G
STREET ADDRESS 17667 SW 80TH PLACE
CITY-ST-ZIP DURHAM OR

TITLE V ☐ Delete
NAME WRIGHT, STEVEN M
STREET ADDRESS 3740 BELKNAP DRIVE
CITY-ST-ZIP WEST LINN OR

TITLE VP ☐ Delete
NAME CRAIG, ANDREW S
STREET ADDRESS 4635 DOGWOOD DRIVE
CITY-ST-ZIP LAKE OSWEGO OR

TITLE T ☐ Delete
NAME MARSH, CHRISTOPHER L
STREET ADDRESS 2010 RIVERKNOLL COURT
CITY-ST-ZIP WEST LINN OR

TITLE D ☐ Delete
NAME GRANO, DAVID G
STREET ADDRESS 17667 SW 80TH PLACE
CITY-ST-ZIP DURHAM OR

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17403 Brookhurst Drive
CITY-ST-ZIP West Linn, OR 97034

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 700003238577-8
CITY-ST-ZIP -05/03/00--01149--001
*****150.00 *****150.00

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 22660 Ponderay Drive
CITY-ST-ZIP West Linn, OR 97068

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 700003238577-8
CITY-ST-ZIP -05/03/00--01149--002
*****8.75 *****8.75

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4398 Lakeview Blvd.
CITY-ST-ZIP Lake Oswego, OR 97035

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrew S. Craig, VP 4/21/00 (503) 372-2112

CR2E034 (9/99)