## 2000 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2000 8:00 a1 DOCUMENT # F99000005236 **Secretary of State** 1. Entity Name 02-08-2000 90131 042 \*\*\*150.00 DIGITAL CARD SYSTEMS, INC. Principal Place of Business Mailing Address 1796 COLONIAL SOUTH DRIVE 1796 COLONIAL SOUTH DRIVE A0019459 CONYERS GA 30094 **CONYERS GA 34442-4852** 我就说:"当中的对象所被精心 無數學 2. Principal Place of Business 3. Mailing Address 248 West Keller Street 248 West Keller Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 58-2357825 2424,2 Hernando, FL Hernando, FL Not Zip Country Zip Country \$8.75 5. Certificate of Status Desired 34442 USA 34442 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASHE, BETTY J Street Address (P.O. Box Number is Not Acceptable) 248 W. KELLER STREET HERNANDO FL 34442 City 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. name of pegistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS " OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE ASHE, WAYNE NAME Ashe, Wayne NAME 1796 COLONIAL SOUTH DRIVE STREET ADDRESS 248 W. Keller Street STREET ADDRESS **CONYERS GA 30094** CITY-ST-ZIP CITY-ST-ZIP Hernando, FL 34442 DST ☐ Defete TITLE **₹**7 Change TITLE ASHE, BETTY Ashe, Betty NAME NAME 248 W. Keller Street STREET ADDRESS 1796 COLONIAL SOUTH DRIVE STREET ADDRESS CITY-ST-ZIP CONYERS GA 30094 CITY-ST-ZIP Hernando, FL -TITLE-Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change

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 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 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 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 upon the receiver of the receiver of trustee empowered to execute the receiver of trustee empowered to exe changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

<u>Betty J. Ashe Sec/Treas</u>