

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005236

1. Entity Name

DIGITAL CARD SYSTEMS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90106 023 ***150.00

Principal Place of Business

248 WEST KELLER STREET
HERNANDO FL 34442

Mailing Address

248 WEST KELLER STREET
HERNANDO FL 34442

2. Principal Place of Business

1520 N. Meadowcrest Blvd

Suite, Apt. #, etc.

3. Mailing Address

1520 N. Meadowcrest Blvd

Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

34429

Country

USA

Zip

34429

Country

USA

4. FEI Number

58-2357825

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

ASHE, BETTY J
248 W. KELLER STREET
HERNANDO FL 34442

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 *Betty J. Ashe*
Signature, typed or printed name of registered agent and title if applicable.

Betty J. Ashe, Reg. Agent

12 Jan 2001

(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 CP
NAME ASHE, WAYNE
STREET ADDRESS 248 W KELLER STREET
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

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

TITLE DST
NAME ASHE, BETTY
STREET ADDRESS 248 W KELLER STREET
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Betty J. Ashe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty J. Ashe Sec/Treas

12 Jan 2001 352/794-7631

Date

Daytime Phone #

CR2E034 (10/00)