

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82243

1. Entity Name

1ST CHOICE DATA SYSTEMS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90045 016 ***150.00

Principal Place of Business

Mailing Address

4510 NW 20TH STREET
 COCONUT CREEK FL 33066

4510 NW 20TH STREET
 COCONUT CREEK FL 33066-1041

2. Principal Place of Business

3. Mailing Address

13084 SE HOBE HILLS DR
 Suite, Apt. #, etc.

13084 SE HOBE HILLS DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 HOBE SOUND, FL

City & State
 HOBE SOUND, FL

4. FEI Number
 59-2826766

Applied For
 Not Applicable

Zip
 33455

Country
 USA

Zip
 33455

Country
 USA

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

WALTON, JOSH
 4510 NW 20TH STREET
 C
 COCONUT CREEK FL 33066

Name
 WALTON, JOSH
 Street Address (P.O. Box Number is Not Acceptable)
 13084 SE HOBE HILLS DR.
 City
 HOBE SOUND, FL FL 33455

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 Josh Walton JOSH WALTON, PRESIDENT 4/8/00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WALTON, G. JOSH 4510 N.W. 20TH STREET COCONUT CREEK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WALTON, JOSH 13084 SE HOBE HILLS DR. HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Josh Walton 4/8/00 1-561-545-4071
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)