

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84075

1. Entity Name

ITEM PROCESSING OF AMERICA, INC.

FILED

00 SEP 29 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ROBERT JACKSON
5190 N.W. 167TH STREET, SUITE 300
MIAMI FL 33014

Mailing Address

C/O ROBERT JACKSON
5190 N.W. 167TH STREET, SUITE 300
MIAMI FL 33014

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3150 Holcomb Bidge Road

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Norcross, Georgia

4. FEI Number

59-2842867

Applied For

Not Applicable

Zip

Country

Zip

30071

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

JACKSON, ROBERT L.
5190 N.W. 167TH STREET
SUITE 300
MIAMI FL 33014

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME JACKSON, ROBERT L.
STREET ADDRESS 5190 NW 167TH ST., #300
CITY-ST-ZIP MIAMI FL

TITLE D ☒ Delete
NAME EDELCUP, NORMAN
STREET ADDRESS 5190 NW 167TH ST., #300
CITY-ST-ZIP MIAMI FL

TITLE P ☐ Delete
NAME JACKSON, DANNY
STREET ADDRESS 3150 HALCOMBE BRIDGE RD.
CITY-ST-ZIP NORCROSS GA 30071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME Donny Jackson
STREET ADDRESS Holcomb Bridge Road
CITY-ST-ZIP

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

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

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:

Donny Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

770-246-9800

CR2E034 (5/00)