

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 28, 2001 8:00 am
Secretary of State

02-12-2001 90222 031 ***150.00

DOCUMENT # P0000005952

1. Entity Name

ELECTRONIC FUNDS TRANSFER SYSTEMS, INC.

Principal Place of Business

5111 MEMORIAL HWY.
TAMPA FL 33634

Mailing Address

5111 MEMORIAL HWY.
TAMPA FL 33634

2. Principal Place of Business

12536 Bronco Drive

Suite, Apt. #, etc.

3. Mailing Address

12536 Bronco Dr

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33626

Country

US

Zip

33626

Country

US

4. FEI Number

59-3619049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, JERROLD K
101 E. KENNEDY BLVD., STE. 4100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Joseph Pirolozzi
Street Address (P.O. Box Number is Not Acceptable)
12536 Bronco Drive
City Tampa FL Zip Code 33626

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIROLOZZI, JOE 5111 MEMORIAL HWY. TAMPA FL 33634	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Pirolozzi 12536 Bronco Drive Tampa FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/01

(813) 855-7164

CR2E034 (10/00)