

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90085 013 ***150.00

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DOCUMENT # P00000005952

1. Entity Name

ELECTRONIC FUNDS TRANSFER SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~12536 BRONCO DRIVE~~
~~TAMPA FL 33626~~

~~12536 BRONCO DRIVE~~
~~TAMPA FL 33626~~

2. Principal Place of Business

3. Mailing Address

128 SW MARION OAKS BLVD **128 SW MARION OAKS BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

City & State

OCALA

OCALA

Zip

Country

USA

Zip

USA

4. FEI Number **59-3619049**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIROLOZZI, JOSEPH
12536 BRONCO DRIVE
TAMPA FL 33626

Name

DAVID J. ST. VINCENT

Street Address (P.O. Box Number is Not Acceptable)

2334 SW 146 LOOP

City

OCALA

FL

Zip Code

34473

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

3/26/02

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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	PIROLOZZI, JOE
STREET ADDRESS	12536 BRONCO DRIVE
CITY-ST-ZIP	TAMPA FL 33626
TITLE	<input type="checkbox"/> Delete
NAME	PRESIDENT
STREET ADDRESS	DAVID J. ST. VINCENT
CITY-ST-ZIP	2334 SW 146 LOOP
	OCALA, FL 34473
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DAVID J. ST. VINCENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

352-347-8026

Daytime Phone #

CR2E034 (9/01)