

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am
Secretary of State
02-22-2001 90126 038 ***150.00

DOCUMENT # P00000009791

1. Entity Name
BANCARD SERVICES, INC.

Principal Place of Business: 1510 NW 101ST AVENUE, PLANTATION FL 33322
Mailing Address: 1510 NW 101ST AVENUE, PLANTATION FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. (blank)
3. Mailing Address Suite, Apt. #, etc. (blank)
City & State (blank)

Zip Country (blank)
Zip Country (blank)

4. FEI Number: **52-2212983**
Applied For (blank)
Not Applicable (checked)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHAPIRO, STEPHEN J
1510 NW 101ST AVENUE
PLANTATION FL 33322**

7. Name and Address of New Registered Agent
Name (blank)
Street Address (P.O. Box Number is Not Acceptable) (blank)
City **FL** Zip Code (blank)

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 SHAPIRO, STEPHEN J 1510 NW 101ST AVENUE PLANTATION FL 33322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, SCOTT P 1510 NW 101ST AVENUE PLANTATION FL 33322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, MICHAEL P 1510 NW 101ST AVENUE PLANTATION FL 33322 <input checked="" 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	<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: _____ Date: **2/8/01** Daytime Phone #: **2012173015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)