

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049732

1. Entity Name

UNITED MERCHANT SERVICES, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90042 012 ***150.00

Principal Place of Business

Mailing Address

6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

2. Principal Place of Business

265 S. FEDERAL Hwy. #298

3. Mailing Address

265 S. FEDERAL Hwy. #298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD Bch., FL.

City & State

DEERFIELD Bch., FL.

4. FEI Number

65-1008766

Applied For

Not Applicable

Zip

33441

Country

US

Zip

33441

Country

US

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

COLEMAN, ANTHONY G JR.
6194 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

Name

ROBERT RETTERATH

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

2817 NE 32nd St

Lighthouse Point, FL. B.

City

FL

Zip Code

33064

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

Robert R Retterath

PRESIDENT

4/28/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RETTERATH, ROBERT
STREET ADDRESS 6194 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33487

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ROBERT RETTERATH
STREET ADDRESS 265 S. FED. HWY. #298
CITY-ST-ZIP DEERFIELD Bch., FL. 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

Robert R Retterath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

954-553-1138

Daytime Phone #

CR2E034 (10/00)