

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095687

1. Entity Name

BANKCARD CONCEPTS, INC.

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-19-2002 90027 029 ***150.00

0565336
 AV

Principal Place of Business

6428 LAKE WORTH ROAD
 SUITE 607
 LAKE WORTH FL 33463

Mailing Address

6428 LAKE WORTH ROAD
 SUITE 607
 LAKE WORTH FL 33463



2. Principal Place of Business

118 WASHINGTON ST
 Suite, Apt. #, etc.
 #114

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLISTON MA

City & State

65-1073297

4. FEI Number

APPLIED FOR

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUGAN, JOHN
 6428 LAKE WORTH ROAD
 SUITE 607
 LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name: Adam Besson
 Street Address (P.O. Box Number is Not Acceptable): 20283 STATE RD #400
 City: Boca Raton FL 33498

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

Adam Besson
 Adam Besson

4/24

Signature, typed or printed name of registered agent and file 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, 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

TITLE: D
 NAME: O'CONNELL, JOHN
 STREET ADDRESS: 6428 LAKE WORTH ROAD SUITE 607
 CITY-ST-ZIP: LAKE WORTH FL 33463

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: J.F. O'CONNELL, Dir
 NAME: 118 WASHINGTON ST #114
 STREET ADDRESS: HOLLISTON, MA. 01746
 CITY-ST-ZIP:

☒ Change ☐ Addition

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 STREET ADDRESS:
 CITY-ST-ZIP:

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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 REQUIRED: JOHN O'CONNELL

4/23

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)