2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095687

1. Entity Name
BANKCARD CONCEPTS, INC.

FILED
03 SEP -9 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
118 WASHINGTON STREET #14 LAKE WORTH, FL 33463	118 WASHINGTON STREET #14 LAKE WORTH, FL 33463

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
118 WASHINGTON ST	197 M Boston Post Rd W
Suite, Apt. #, etc. # 14	Suite, Apt. #, etc. # 173
City & State Hollistan MASS	City & State Marlboro, MASS
Zip 01746	Zip 01752
Country USA	Country U.S.A.

4. FEI Number
65-1073297
☐ Applied For
☐ Not Applicable

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
BESSON, ADAM 20283 STATE RD 7 #400 BOCA RATON, FL 33498	Name: John O'Connell Street Address (P.O. Box Number Is Not Acceptable): ~~197 M Boston Post Rd W~~ ~~#173~~ City: FL Zip Code:

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'CONNELL, JOHN 118 WASHINGTON STREET #14 HOLLISTON, MA 01746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ John O'Connell 9/3/2003 508-875-0539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #