

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90001 037 ***150.00

DOCUMENT # P01000037605 ✓

1. Entity Name

Total merchant Processing Solutions Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

926 SW 118th Terr

3. Mailing Address

926 SW 118th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE Florida

City & State

DAVIE Florida

4. FEI Number

65-1094809

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Anthony G. Curtiss

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

926 SW 118th Terrace

City

DAVIE

FL

Zip Code

33325

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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.P.
Anthony G. Curtiss
926 S.W. 118th Terrace
DAVIE FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony G. Curtiss
President

Date

Daytime Phone #

DUPLICATE

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

Attachment

**TOTAL MERCHANT PROCESSING SOLUTIONS, INC.
926 SW 118TH TERRACE
DAVIE, FLORIDA 33325**

July 30, 2002

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: UNIFORM BUSINESS REPORT
TOTAL MERCHANT PROCESSING SOLUTIONS, INC.
DOCUMENT # P01000037605

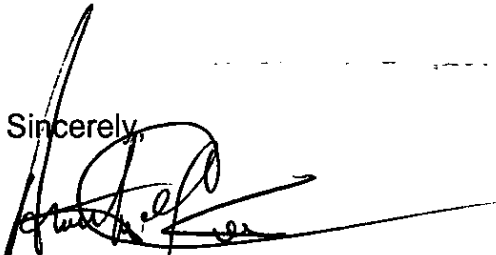
Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2002 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,



Anthony G. Curtiss
President