


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 21 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037605	
1. Entity Name TOTAL MERCHANT PROCESSING SOLUTIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6950 Cypress Road Suite, Apt. #, etc. Suite 208-5 City & State Plantation, FL Zip 33317 Country USA		3. Mailing Address 6950 Cypress Road Suite, Apt. #, etc. Suite 208-5 City & State Plantation, FL Zip 33317 Country USA	
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REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1094809		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			


**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CURTISS, ANTHONY G
Street Address (P.O. Box Number is Not Acceptable)
926 SW 118TH TERRACE
City
DAVIE FL Zip Code
33325

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



(NOTE: Registered Agent signature required when reinstating)

DATE

10/15/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CURTISS, ANTHONY G 926 SW 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	600023980596 10/21/03 - 01107 - 023 - \$150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

Daytime Phone #

954581-0008

CR2E034B (12/02)

TOTAL MERCHANT PROCESSING SOLUTIONS, INC.
6950 CYPRESS ROAD, SUITE 208-5
PLANTATION, FL 33317

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

October 15, 2003

RE: UNIFORM BUSINESS REPORT
TOTAL MERCHANT PROCESSING SOLUTIONS, INC.
DOCUMENT # P01000037605
F.E.I.N. # 65-1094809

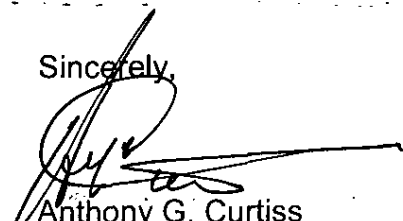
Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2003 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