

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90143 047 ***150.00

DOCUMENT # PO100000600006

1. Entity Name

First National Payment Corp.

DO NOT WRITE IN THIS SPACE

830704

2. Principal Place of Business

440 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1174
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

4. FEI Number

65-1122096

Applied For

Not Applicable

Zip

33444

Country

USA

Zip

33443-1174

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Barry P. Pinciss

Street Address (P.O. Box Number is Not Acceptable) 440 S. Federal Hwy.

City Deerfield Beach

FL

Zip 33441

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	<u>President and Director</u> <u>Barry P. Pinciss</u> <u>440 S. Federal Hwy</u> <u>Deerfield Beach FL 33444</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President and Director</u> <u>Joanne Warshawer</u> <u>440 S. Federal Hwy</u> <u>Deerfield Beach FL 33444</u>
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**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

Barry P. Pinciss President

4/3/02 954 429 1765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)