

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90135 014 ***150.00

FR1670N AV

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1. Entity Name
FIRST MERCHANT PAYMENT SYSTEMS, INC.



Principal Place of Business
**1400 COLONIAL BLVD STE 205
FT MYERS FL 33907**

Mailing Address
**1400 COLONIAL BLVD STE 205
FT MYERS FL 33907**

JUUU4U54



2. Principal Place of Business
1400 Colonial Blvd
Suite, Apt. #, etc.
SUITE 256

3. Mailing Address
1400 Colonial Blvd
Suite, Apt. #, etc.
SUITE 256

CHECK HERE IF MAKING CHANGES

City & State
FT MYERS FL

City & State
FT MYERS FL

4. FEI Number **65-1149899**

Applied For
Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, FRED
1400 COLONIAL BLVD STE 205
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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
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 **D** Delete
NAME **CALDWELL, FRED**
STREET ADDRESS **1400 COLONIAL BLVD STE 205**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **VP** Delete
NAME **LISA**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, TREAT.** Change Addition
NAME **FRED CALDWELL**
STREET ADDRESS **1400 COLONIAL BLVD SUITE 256**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **V.P., SEC.** Change Addition
NAME **LISA WINTER**
STREET ADDRESS **1400 COLONIAL BLVD SUITE 256**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **FRED CALDWELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-9-03** Daytime Phone # **941-936-2530**

CR2E034 (10/02)