

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91177 018 ***150.00

DOCUMENT # P02000018233

1. Entity Name

TRICOMM MERCHANT SERVICES, INC.



Principal Place of Business
1025 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714

Mailing Address
1025 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
1613 SANDPIPER TRAIL E.

3. Mailing Address
1613 SANDPIPER TRAIL E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CASSELBERRY, FL.

City & State
CASSELBERRY, FL.

Zip Country
32707 U.S.

Zip Country
32707 U.S.

4. FEI Number
80-0037124

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VON DER HEYDE, TIMOTHY
1025 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714

Name
VON DER HEYDE, Timothy
Street Address (P.O. Box Number is Not Acceptable)
1613 SANDPIPER TRAIL E.
City
CASSELBERRY, FL Zip Code
32707

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 *Timothy A. von der Heyde* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD VON DER HEYDE, TIMOTHY 1613 SANDPIPER TRAIL EAST CASSELBERRY FL 32707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KLEFSTAD, KAREN 26927 LONGMEADOW CIRCLE MUNDELEIN IL 60060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARR, THOMAS E 191 BAYBERRY PLACE JUPITER FL 33458 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DELETE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Timothy A. von der Heyde*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03
Date Daytime Phone #

CR2E034 (10/02)