


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91789 006 ***150.00

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

DOCUMENT # P02000068143		
1. Entity Name THE DEBIT CARD SERVICES CORPORATION		
Principal Place of Business 6245 POWERLINE ROAD STE 201 FT LAUDERDALE, FL 33309		Mailing Address 6245 POWERLINE ROAD STE 201 FT LAUDERDALE, FL 33309
2. Principal Place of Business 5757 N. ANDREWS WAY		3. Mailing Address PO BOX 667410
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State FORT LAUDERDALE, FL		City & State POMPANO BEACH FL
Zip 33309	Country USA	Zip 33066-7410
Country		Country
4. FEI Number 01-6720343		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE		
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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 807, 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:  Brian Martin 4/28/03 Signature and Typed or Printed Name of Signing Officer or Director President		

CR2E034 (10/02)