

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000017

1. Entity Name

PAYMENT SYSTEMS, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90104 032 \*\*\*150.00

Principal Place of Business

3030 N ROCKY PT DR W  
STE 800  
TAMPA FL 33607  
US

Mailing Address

3030 N ROCKY PT DR W  
STE 800  
TAMPA FL 33634-7521  
US

2. Principal Place of Business

4301 Anchor Plaza Pkwy

3. Mailing Address

4301 Anchor Plaza Pkwy

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Tampa FL

City & State

Tampa FL

Zip

33634

Country

Zip

FL

Country

4. FEI Number

59-3151030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURR, CYNTHIA M

3030 N. ROCKY PT DR W  
STE 800  
TAMPA FL 33607

Name

Furr, Cynthia M.

Street Address (P.O. Box Number is Not Acceptable)

4301 Anchor Plaza Parkway  
Suite 300

City

Tampa

FL

Zip Code

33634

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

Cynthia M. Furr, CFO

3/28/00

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)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete  
NAME MIGLIARA, JOSEPH  
STREET ADDRESS 3030 N ROCKY PT DR W STE 800  
CITY-ST-ZIP TAMPA FL 33607

TITLE DV ☐ Delete  
NAME LIPPNER, WILLIAM  
STREET ADDRESS 3030 N ROCKY PT DR W STE 800  
CITY-ST-ZIP TAMPA FL

TITLE DTV ☐ Delete  
NAME HEALEY, PATRICK  
STREET ADDRESS 3030 N ROCKY PT DR W STE 800  
CITY-ST-ZIP TAMPA FL

TITLE P ☒ Delete  
NAME SIEVEWRIGHT, MARK  
STREET ADDRESS 3030 N ROCKY POINT DR W STE 800  
CITY-ST-ZIP TAMPA FL 33607

TITLE V ☐ Delete  
NAME FURR, CYNTHIA  
STREET ADDRESS 3030 N ROCKY POINT DR W STE 800  
CITY-ST-ZIP TAMPA FL 33607

TITLE V ☐ Delete  
NAME GORMAN, DAVE  
STREET ADDRESS 3030 N ROCKY POINT DR W STE 800  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 4301 Anchor Plaza Parkway  
CITY-ST-ZIP Suite 300 Tampa FL 33634

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS > See above  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS > See above  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME President ☒ Change ☐ Addition  
STREET ADDRESS Rosales, Roger  
CITY-ST-ZIP 4301 Anchor Plaza Parkway Ste 300  
Tampa, FL 33634

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS > See above  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS > See above  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia M. Furr

Cynthia M. Furr CFO 3/28/00

813-  
371-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)