

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90311 044 \*\*\*150.00

**DOCUMENT # P92000012596**

1. Entity Name

**BIFS TECHNOLOGIES CORPORATION**

Principal Place of Business

**2075 FRUITVILLE RD  
 200  
 SARASOTA FL 34236**

Mailing Address

**2075 FRUITVILLE RD  
 200  
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0382549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEYSER, ALPHA J**

**525 SUTTON PLACE** *2075 Fruitville Rd, Ste 200*  
**LONGBOAT KEY FL 34228** *Sarasota FL 34237*

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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, 2002 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 **PCEO** ☐ Delete  
 NAME **KEYSER, ALPHA J**  
 STREET ADDRESS **525 SUTTON PLACE**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition  
 NAME *2075 Fruitville Rd, Ste 200*  
 STREET ADDRESS *Sarasota FL 34237*  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **HUNTER-KEYSER, VICTORIA**  
 STREET ADDRESS **525 SUTTON PLACE**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☒ Change ☐ Addition  
 NAME *2075 Fruitville Rd, Ste 200*  
 STREET ADDRESS *Sarasota FL 34237*  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CANNON, THOMAS G**  
 STREET ADDRESS **2075 FRUITVILLE RD, STE 200**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **FEILER, JAMES**  
 STREET ADDRESS **2075 FRUITVILLE RD, STE 200**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME *D Jack Reader*  
 STREET ADDRESS *2075 Fruitville Rd, Ste 200*  
 CITY-ST-ZIP *Sarasota FL 34237*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)