

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028236

1. Entity Name

GLOBAL CARD SERVICES, INC.

Principal Place of Business

520 N SEMORAN BLVD  
STE 200  
ORLANDO FL 32807

Mailing Address

520 N SEMORAN BLVD  
STE 200  
ORLANDO FL 32807

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 65-0488384

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

MARSHALL, WILLIAM J  
520 N SEMORAN BLVD  
SUITE 200  
ORLANDO FL 32807

c/o GCS

Name

C/O GLOBAL CARD SERVICES, INC.

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

STE 200

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 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, 2001 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 CEO / SECY  
NAME MARSHALL, WILLIAM J  
STREET ADDRESS 520 N SEMORAN BLVD, SUITE 200  
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE CEO / SECY  
NAME  
STREET ADDRESS STE 200  
CITY-ST-ZIP ORLANDO FL 32807 ☒ Change ☐ Addition

TITLE P / COO  
NAME SILVERMAN, MARK  
STREET ADDRESS 520 N SEMORAN BLVD., STE 200  
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE PRES / COO  
NAME  
STREET ADDRESS STE 200  
CITY-ST-ZIP ORLANDO FL 32807 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK SILVERMAN

Date

Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90043 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)