

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90043 010 ***150.00

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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0488384	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

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

e/o GCS

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE CEO / SECY	<input type="checkbox"/> Delete
NAME MARSHALL, WILLIAM J	
STREET ADDRESS 520 N SEMORAN BLVD, SUITE 200	
CITY-ST-ZIP ORLANDO FL 32807	
TITLE P / COO	<input type="checkbox"/> Delete
NAME SILVERMAN, MARK	
STREET ADDRESS 520 N SEMORAN BLVD., STE 200	
CITY-ST-ZIP ORLANDO FL 32807	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO / SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS STE 200	
CITY-ST-ZIP % GCS	
TITLE PRES / COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS STE 200	
CITY-ST-ZIP % GCS	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Mark Silverman* **MARK SILVERMAN** Date: *4/25/01* Daytime Phone #: *407-206-7700*

CR2E034 (10/00)