

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087748

1. Entity Name

P.O.S. INTERNATIONAL, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90043 027 ***150.00

Principal Place of Business
2500 N FEDERAL HWY
STE 103
FORT LAUDERDALE FL 33305

Mailing Address
2500 N FEDERAL HWY
STE 103
FORT LAUDERDALE FL 33305-1618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0536232**

Applied For ☐ Not Applicable ☐

Zip Country

Zip Country

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

RICHARD P. GREENE, P.A.
2455 EAST SUNRISE BLVD.
SUITE 905
FORT LAUDERDALE FL 33304

Name **Michael Turner**
Street Address (P.O. Box Number is Not Acceptable)
2500 N. Federal Highway, Suite 103
City **Ft. Lauderdale** FL Zip Code **33305**

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, MICHAEL 5300 N FED HWY 2ND FL 2500 N. Federal Hwy Suite 103 FT LAUDERDALE FL 33308 FL 33305 <i>Ft. Lauderdale, FL 33305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, THOMAS 5300 N FED HWY 2ND FL 2500 N. Federal Highway Suite 103 FT LAUDERDALE FL 33308 FL 33305 <i>Ft. Lauderdale, FL 33305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/21/00** Daytime Phone #

CR2E034 (9/99)