

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91875 001 ***661.25

DOCUMENT # P95000048402

1. Entity Name
MERCARD CREDIT SERVICES CORP.



Principal Place of Business

~~200 MACFARLANE DRIVE~~
~~405~~
DELRAY BEACH FL 33483

Mailing Address

~~200 MACFARLANE DRIVE~~
~~405~~
DELRAY BEACH FL 33483



2. Principal Place of Business

118 1/2 SE. 7TH AVE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

DeLray Beach FL

City & State

4. FEI Number **65-0594832**

Applied For

Not Applicable

Zip

33483

Country

FLM Bch

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

LIDDY, GEOFFREY D

~~200 MACFARLANE DRIVE #405~~
DELRAY BEACH FL 33483

Name

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

118 1/2 SE. 7TH AVE.

City

DeLray Beach

FL

Zip Code

33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Geoffrey D Liddy

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LIDDY, GEOFFREY D**
STREET ADDRESS ~~200 MACFARLANE DR #405~~
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **LIDDY, GEOFFREY D** ☒ Change ☐ Addition
NAME **LIDDY, GEOFFREY D**
STREET ADDRESS **118 1/2 SE. 7TH AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Geoffrey D Liddy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03 561 276-8226

CR2E034 (10/02)