

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081763

1. Entity Name

REFUND SERVICES USA, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90107 018 \*\*\*158.75

Principal Place of Business

Mailing Address

12600 S BELCHER RD  
SUITE 104A  
LARGO FL 33773  
US

PO BOX 960  
LARGO FL 33779-0960  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LARGO, FL

Zip

Country

Zip  
33779

Country

PINELLAS

4. FEI Number

59-3338491

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

DIROSE, J. RICHARD  
12600 S BELCHER RD  
SUITE 104A  
LARGO FL 33773

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME DIROSE, J. RICHARD  
STREET ADDRESS 12600 S BELCHER RD, SUITE 104A  
CITY-ST-ZIP LARGO FL 33773

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

TITLE STD ☒ Delete  
NAME GEIGER, WILLIAM Z  
STREET ADDRESS 12600 S BELCHER RD, SUITE 104A  
CITY-ST-ZIP LARGO FL 33773

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

TITLE VD ☒ Delete  
NAME KEIF, IRVING W  
STREET ADDRESS 12600 S BELCHER RD SUITE 104A  
CITY-ST-ZIP LARGO FL 33773

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition  
NAME RAWLS, EDGAR O.  
STREET ADDRESS 12600 S. BELCHER, SUITE 104A  
CITY-ST-ZIP LARGO, FL. 33773

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE: EDGAR O. RAWLS *Edgar O. Rawls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

727-535-2673

Daytime Phone #

CR2E034 (9/93)