

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90180 036 ***150.00

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DOCUMENT # P95000081763

1. Entity Name
REFUND SERVICES USA, INC.



Principal Place of Business
2727 ULMERTON ROAD
#350
CLEARWATER BEACH FL 33762
US

Mailing Address
2727 ULMERTON ROAD
#350
CLEARWATER BEACH FL 33762
US



2. Principal Place of Business
12600 S. Belcher Rd
Suite, Apt. #, etc.
106-B

3. Mailing Address
12600 S. Belcher Rd
Suite, Apt. #, etc.
106-B

City & State
LARGO, FL

City & State
LARGO, FL

4. FEI Number **59-3338491**

Applied For
Not Applicable

Zip
33773

Country
USA

Zip
33773

Country
USA

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

BYRNES, TRACY
2727 ULMERTON ROAD
#350
CLEARWATER BEACH FL 33762

Name
MURRAY B. SILVERSTEIN P.A.
Street Address (P.O. Box Number is Not Acceptable)
ONE PROGRESS PLAZA
SUITE 2200
City
ST. PETERSBURG FL Zip Code
33701

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 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MUNRO, DON ☐ Delete
3752 OLD KEYSTONE RD
TARPON SPRINGS FL 34689

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WINSTON, MARY JANE ☐ Delete
1316 CALADESI DR
WESLEY CHAPEL FL 33543

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: **MARY JANE WINSTON** **4-25-03** **727-524-2558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)