2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90027 039 ***150.00

DOCUMENT # P96000017499

1. Entity Name
Phone Card Systems, Inc

Principal Place of Business	Mailing Address
2864 Village Grove Dr. N. Jacksonville, Fl 32257	2864 Village Grove Dr. N. Jacksonville, Fl 32257

2. Principal Place of Business	3. Mailing Address
2864 Village Grove Dr. N.	2864 Village Grove Dr. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32257 Country: Duval	Zip: 32257 Country: Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3367203 ☐ 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
Jack Sussman 2864 Village Grove Drive N. Jacksonville, Fl 32257	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: J Sussman 4/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See guidelines 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 NAME STREET ADDRESS CITY-ST-ZIP	Sussman Collier, Shannah, VS 2660 Cochise Dr Acworth, GA 30102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sussman, Jack DP 2864 Village Grove Dr N Jacksonville, Fl 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sussman, Sharon DVT 2864 Village Grove Dr N Jacksonville, Fl 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: J Sussman Jack Sussman 4/27/00 904/262-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #