

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019244

1. Entity Name

MERCHANTS CHOICE CARD SERVICES INC

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90072 017 ***150.00

Principal Place of Business

166 N. SR A1A HIGHWAY
PONTE VEDRA BEACH FL 32082

Mailing Address

P.O. BOX 2878
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

2121 S US 1 HY
Suite, Apt. #, etc.
20

3. Mailing Address

PO Box 860190
Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

4. FEI Number

59-3428144

Applied For

Not Applicable

Zip

32086

Country

ST JOHNS

Zip

32086

Country

ST JOHNS

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

GOLD, M

166 N. SR A1A HIGHWAY
PONTE VEDRA BEACH FL 32082

Name

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

2121 S US 1 HY, UNIT 20

City

ST AUGUSTINE

FL

Zip Code

32086

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]

M. GOLD, DIRECTOR

4/13/01

Signature, type 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, 2001 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 ☐ Delete
NAME GOLD, M
STREET ADDRESS 166 N. SR A1A HIGHWAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2121 S US 1 HY, UNIT 20
CITY-ST-ZIP ST AUGUSTINE FL 32086

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
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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:

[Signature]

M. GOLD, DIRECTOR

4/13/01

904-285-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)