

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087538

1. Entity Name

TOTAL SYSTEMS MANAGEMENT, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90246 001 ***150.00

Principal Place of Business 819 CYPRESS VLLAGE BLVD RUSKIN FL 33573 US	Mailing Address 819 CYPRESS VLLAGE BLVD RUSKIN FL 33573 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3476043	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOMAR, CARSON B 815 CYPRESS VILLAGE BLVD. RUSKIN FL 33573	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 819 Cypress Village Blvd City FL Zip Code
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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 _____ (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. ☐ **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	P BOMER, CARSON B 815 CYPRESS VILLAGE BLVD. RUSKIN FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bomar, Carson 819 Cypress Village Blvd
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

813 633 8013

Daytime Phone #

CR2E034 (9/99)