

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087538

1. Entity Name

TOTAL SYSTEMS MANAGEMENT, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90405 026 ***150.00

Principal Place of Business

Mailing Address

819 CYPRESS VLLAGE BLVD
 RUSKIN FL 33573
 US

819 CYPRESS VLLAGE BLVD
 RUSKIN FL 33573
 US

2. Principal Place of Business

2907 Bay to Bay Blvd.

3. Mailing Address

2907 Bay to Bay Blvd.

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

101

City & State

Tampa FL

City & State

Tampa FL

Zip

33629

Country

H. Asborough

Zip

33629

Country

H. Asborough



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3476043

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

BOMAR, CARSON B
 819 CYPRESS VILLAGE BLVD
 RUSKIN FL 33573

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/01

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 P ☐ Delete
 NAME BOMAR, CARSON
 STREET ADDRESS 819 CYPRESS VILLAGE
 CITY-ST-ZIP RUSKIN FL 33573

TITLE ☒ Change ☐ Addition
 NAME Bomar, Carson
 STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01

CR2E034 (10/00)