

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90030 002 \*\*\*150.00

**DOCUMENT # P97000097240**

1. Entity Name

**MERCHANT PROCESSING, INC.**

Principal Place of Business

Mailing Address

2323 S. WASHINGTON AVENUE  
SUITE 201  
TITUSVILLE FL 32780

2323 S. WASHINGTON AVENUE  
SUITE 201  
TITUSVILLE FL 32780-7333

2. Principal Place of Business

5095 S. Washington Ave.

Suite, Apt. #, etc.

Suite 106

City & State

Titusville, FL

Zip  
32780

Country  
U.S.A.

3. Mailing Address

5095 S. Washington Ave.

Suite, Apt. #, etc.

Suite 106

City & State

Titusville, FL

Zip  
32780

Country  
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3479816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ACKLEY, DIANE  
2323 S. WASHINGTON AVENUE  
SUITE 201  
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

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

5095 S. Washington Ave Suite 106

Titusville, FL 32780

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

Diane Ackley, PSTD

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

*Diane L. Ackley*

(NOTE: Registered Agent signature required when re-registering)

1-25-00

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, 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

TITLE PSTD  
NAME ACKLEY, DIANE L  
STREET ADDRESS 3295 ROYAL OAK DR  
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D  
NAME O. Sam Ackley  
STREET ADDRESS 3295 Royal Oak Dr  
CITY-ST-ZIP Titusville, FL 32780 ☐ Change ☒ Addition

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

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

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

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: *Diane Ackley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

Daytime Phone #