

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90009 013 ***158.75

DOCUMENT # P98000074831 ✓ (L)

1. Corporation Name

Nationwide Merchant Services, Inc.

Principal Place of Business

Mailing Address

36515 U.S. Hwy. 19 North
Palm Harbor, Fl. 34684

same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
August 27, 1998

2. Principal Place of Business

21 36515 US Hwy. 19 North

2a. Mailing Address

26 36515 US Hwy. 19 No.

4. FEI Number

59-3530460

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

23 Palm Harbor, Fl.

28 Palm Harbor, Fl.

Trust Fund Contribution

Zip

Country

Zip

Country

24 34684

25 U.S.

29 34684

30 U.S.

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Brian A. Lisi
36515 US Hwy. 19 North
Palm Harbor, Fl. 34684

81 Name

Brian A. Lisi

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

36515 US Hwy. 19 North

83

84 City

Palm Harbor,

FL

85 Zip Code

34684

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Vice-President/Secretary ☐ DELETE

NAME Brian A. Lisi

STREET ADDRESS 36515 US Hwy. 19 North

CITY-ST-ZIP Palm Harbor, Fl. 34684

TITLE P/T/D ☒ DELETE

NAME Chris Kelly

STREET ADDRESS 16100 Fairchild Dr., Unit F103

CITY-ST-ZIP Clearwater, Fl. 33762

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/V/T/S/D

Brian A. Lisi

36515 US Hwy. 19 North

Palm Harbor, Fl. 34684

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

PG 8000074831
611611-90009-13

DONNELLY & RUSSO, P.A.

ATTORNEYS AT LAW

601 N. LOIS AVENUE, TAMPA, FLORIDA 33609

SEAN V. DONNELLY*
JOSEPH C. RUSSO
*ALSO ADMITTED IN ILLINOIS

(813) 282-8449 PHONE
(813) 289-3419 FAX

August 30, 1999

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

Via Overnight Mail

Re: Nationwide Merchant Services, Inc.

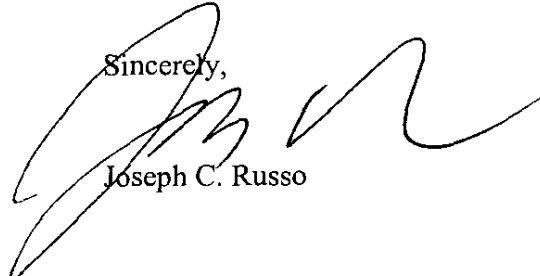
To Whom It May Concern:

This firm represents Nationwide Merchant Services ("NMS"). Enclosed please find NMS's Annual Report, and a check in the amount of \$158.75 for the filing of NMS's Annual Report.

Although, NMS is tendering payment for its Annual Report late, NMS had never received Notice of the filing of the Annual Report. Therefore, please accept the \$158.75 check as payment for NMS's 1999 Annual Report. In addition, please send all future Notices to the address listed on the Annual Report.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,


Joseph C. Russo

JCR/vb
Enc.