## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000009108** Feb 24, 2000 8:00 am **Secretary of State** EFT INTEGRATION, INC. 02-24-2000 90039 002 \*\*\*150.00 Principal Place of Business Mailing Address 221 PONTE EDRA PARK DRIVE 221 PONTE CEDRA PARK DRIV POINTE VEDRA FL 32082 POINTE VEDRA FL 32082 2. Principal Place of Business 3. Mailing Address Vedra Park 221 Ponte Vedra Park Dr. 221 Ponte Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State onte \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code FŁ 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, ☐ Addition TITLE TITLE ☐ Delete colabrese, Robert COLABRESE, ROBERT NAME NAME 221 Ponte Vedra Park Dr. 221 PONTE SEDRA PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP Ponte Vedra CITY-ST-ZIP **POINTE VEDRA FL 32082** ☐ Addition Defete TITLE HEDLUND, DONALD NAME NAME Ponte Vedra Pa STREET ADDRESS STREET ADDRESS 221 PONTE EDRA PARK DRIVE 32082 CITY-ST-ZIP CITY-ST-ZIP POINTE VEDRA FL 32082 Ponte Vedra, FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 - 280 - 7775 Daytime Phone #