2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000009108**

1. Entity Name
EFT INTEGRATION, INC.

Principal Place of Business	Mailing Address
221 PONTE VEDRA PARK DRIVE POINTE VEDRA FL 32082	221 PONTE VEDRA PARK DRIVE POINTE VEDRA FL 32082

2. Principal Place of Business	3. Mailing Address
221 PONTE VEDRA PARK DRIVE	221 PONTE VEDRA PARK DRIVE
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: POINTE VEDRA FL	City & State: POINTE VEDRA FL
Zip: 32082 Country:	Zip: 32082 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3553645** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL
33134 US

7. Name and Address of New Registered Agent

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 ______________________ 04/24/2001
Signature, typed or printed name of registered agent and title if applicable. (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. (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

Field	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	SD	PD				
NAME	HEADLUND DONALD	COLABRESE ROBERT				
STREET ADDRESS	221 PONTE VEDRA PARK DR	221 PONTE VEDRA PARK DR				
CITY-ST-ZIP	POINTE VEDRA FL 32082	POINTE VEDRA FL 32082				
	☐ Delete	☐ Delete	☐ Delete	☐ Delete	☐ Delete	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry 1	Entry 2	Entry 3	Entry 4	Entry 5	Entry 6
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition

CR2E034 (11/00)

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: Robert K. Colabrese PD 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #