

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90064 009 ***558.00

DOCUMENT # P99000009108

1. Entity Name
EFT INTEGRATION, INC.

POSTED
SEP 04 2002

Principal Place of Business
221 PONTE VEDRA PARK DRIVE
100
POINTE VEDRA FL 32082

Mailing Address
221 PONTE VEDRA PARK DRIVE
100
POINTE VEDRA FL 32082



2. Principal Place of Business
221 Ponte Vedra Park Dr.

3. Mailing Address
221 Ponte Vedra Park Dr.

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Ponte Vedra, FL.

City & State
Ponte Vedra, FL. 32082

DO NOT WRITE IN THIS SPACE

Zip
32082

Country
US

Zip
32082

Country
US

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 & WTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **THOMAS FOSKETT**
NATIONWIDE MONEY SERVICES, INC
 Street Address (P.O. Box Number, if Not-Acceptable)
221 PONTE VEDRA PARK DRIVE
 City **Ponte Vedra Beach** **FL** Zip Code **32082**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas R. Foskett*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-28-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	COLABRESE, ROBERT	
STREET ADDRESS	221 PONTE VEDRA PARK DR	
CITY-ST-ZIP	POINTE VEDRA FL 32082	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEADLUND, DONALD	
STREET ADDRESS	221 PONTE VEDRA PARK DR	
CITY-ST-ZIP	POINTE VEDRA FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foskett, Thomas	
STREET ADDRESS	221 PONTE VEDRA PARK DRIVE	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODAK, Michael J	
STREET ADDRESS	221 Ponte Vedra Park Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANN, DAVID	
STREET ADDRESS	221 Ponte Vedra Park Drive	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas R. Foskett*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-02 904-280-8500
 Date Daytime Phone #

CR2E034 (4/02)