

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000025052

1. Entity Name

UNIVERSAL CARD SYSTEMS, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90027 001 \*\*\*150.00

Principal Place of Business  
1166 W. NEWPORT CENTRE DR.  
SUITE 1112  
DEERFIELD BEACH FL 33442

Mailing Address  
1166 W. NEWPORT CENTRE DR.  
SUITE 1112  
DEERFIELD BEACH FL 33442-7743

2. Principal Place of Business  
508 S. MILITARY TRAIL

3. Mailing Address  
508 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State  
DEERFIELD BEACH, FL

City & State  
DEERFIELD BEACH, FL

Zip  
33442

Country

Zip  
33442

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number - 69-0903832

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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 \_\_\_\_\_  
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFLIKER, TODD D 1166 W. NEWPORT CENTRE DR. SUITE 1112 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFLIKER, TODD D 508 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY
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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, not an other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)