

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000040285

1. Entity Name

Partner's Processing, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1017 24th Ave N.

3. Mailing Address

1017 24th Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33704

Country

USA

Zip

33704

Country

USA

4. FEI Number

59-3576212

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Dale Wm. Bridges

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

1017 24th Ave N.

City St. Petersburg

FL

Zip Code

33704

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

[Signature]
Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-6-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>President</u>
STREET ADDRESS	<u>Dale Wm. Bridges</u>
CITY - ST - ZIP	<u>1017 24th Ave N. St. Petersburg, FL 33704</u>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-03

727 421 2626

Date

Daytime Phone #

CR2E034B (12/02)