

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 03, 2000 8:00 am
Secretary of State

05-05-2000 90020 005 ***150.00

DOCUMENT # P99000054934

1. Entity Name

EFT SMART CONNECT\$, INC.

Principal Place of Business

C/O DATA ACCESS SYSTEMS
 1670 MAIN ST., STE. 101
 SARASOTA FL 34236

Mailing Address

C/O DATA ACCESS SYSTEMS
 1670 MAIN ST., STE. 101
 SARASOTA FL 34236-5825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05.0955045

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARFIELD, NEIL F., ESQ.
 4119-NORTH STATE RD.-7
 LAUDERDALE LAKES FL 33319

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	PD	<input type="checkbox"/> Delete
NAME	FRANCIS, GREG	
STREET ADDRESS	1670 MAIN ST., STE. 101	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PARSONS, DON	
STREET ADDRESS	5010 DORETTA CT.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	REITH, TOM	
STREET ADDRESS	407 73RD ST.	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)