

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90220 022 ***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**

2. Principal Place of Business

3. Mailing Address

9441 W. SAMPLE ROAD, JC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

City & State
CORAL SPRINGS, FL

Zip

Country

Zip

Country

33065

USA

4. FEI Number **65-0955045**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FRANCIS, GREG**
 STREET ADDRESS **1670 MAIN ST., STE. 101**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☒ Delete
 NAME **PARSONS, DON**
 STREET ADDRESS **5010 DORETTA CT.**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **REITH, TOM**
 STREET ADDRESS **407-73RD ST.**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **STD N.F. GARFIELD**
 STREET ADDRESS **9441 WEST SAMPLE ROAD**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Neil F. Garfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

954-485-7000
 Daytime Phone #

CR2E034 (10/00)