

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90212 036 ***150.00

DOCUMENT # P99000063482

1. Entity Name
MERCHANT SYSTEMS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
1940 HARRISON ST 1940 HARRISON ST
300 300
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

2. Principal Place of Business 3. Mailing Address
6368 NW 23 Way Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State City & State
Boca Raton FL
 Zip Country Zip Country
33496 USA

4. FEI Number **65-0762581** 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
ESTES, JAMES W Name **James W. Estes**
1940 HARRISON STREET Street Address (P.O. Box Number is Not Acceptable) **6368 NW 23rd Way**
#301 **Boca Raton,**
HOLLYWOOD FL 33020 **FL 33496-3610**
 City Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	D	<input type="checkbox"/> Delete	TITLE	James W. Estes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, JAMES		NAME	6368 NW 23rd Way	
STREET ADDRESS	1940 HARRISON STREET, SUITE 301		STREET ADDRESS	Boca Raton,	
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP	FL 33496-3610	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ **4/17/01** **561-998-3385**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)