

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000089051

1. Entity Name
CARD SERVICES INTERNATIONAL OF CENTRAL FLORIDA, INC.

Principal Place of Business
8028 OLD COUNTY RD.54
NEW PORT RICHEY FL 34653

Mailing Address
8028 OLD COUNTY RD.54
NEW PORT RICHEY FL 34653

2. Principal Place of Business
8028 OLD COUNTY RD 54

3. Mailing Address
8028 OLD COUNTY RD 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NEW PORT RICHEY FL

City & State
NEW PORT RICHEY FL

4. FEI Number
59-3618631

Applied For
Not Applicable

Zip
34653

Country

Zip
34653

Country

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

6. Name and Address of Current Registered Agent

COVE ANDREW NESQ.
COVE & ASSOCIATES, P.A.
3801 HOLLYWOOD BOULEVARD, SUITE 100
HOLLYWOOD FL 33021 US

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 _____ 02/26/2001
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

TITLE PVTB ☐ Delete
NAME BUDDINGH JACQUELINE A
STREET ADDRESS 8028 OLD COUNTY RD.54
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTB ☒ Change ☐ Addition
NAME BUDDINGH JACQUELINE A
STREET ADDRESS 8028 OLD COUNTY RD 54
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

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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: JACQUELINE A BUDDINGH

PVTB 02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)