

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089687

1. Entity Name

1ST NATIONAL PROCESSING SERVICES, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90098 010 ***158.75

Principal Place of Business

1950 LEE ROAD
SUITE 106
WINTER PARK FL 32789

Mailing Address

1950 LEE ROAD
SUITE 106
WINTER PARK FL 32789-1847

2. Principal Place of Business

1950 Lee Road

3. Mailing Address

1950 Lee Road

Suite, Apt. #, etc.

Suite 222

Suite, Apt. #, etc.

Suite 222

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32789

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

593602155

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ERNIE T. RIVERA

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

858 Sun Court

City

Altamonte Springs

FL

Zip Code

32701

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]

ERNIE T. RIVERA

3-13-00

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

TITLE PTD
NAME RIVERA, ERNIE T
STREET ADDRESS 867 BALLARD STREET
CITY-ST-ZIP ALTAMONTE SPRIBGS FL 32701 ☐ Delete

TITLE ~~SVD~~
NAME ~~MARCEY, SCOTT R~~
STREET ADDRESS ~~867 BALLARD STREET~~
CITY-ST-ZIP ~~ALTAMONTE SPRIBGS FL 32701~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME Rivera, Ernie T.
STREET ADDRESS 1950 Lee Rd Suite 222
CITY-ST-ZIP Winter Park FL 32789 ☒ Change ☐ Addition

TITLE SVD
NAME Rivera, Shirley D.
STREET ADDRESS 1950 Lee Rd Suite 222
CITY-ST-ZIP Winter Park FL 32789 ☒ Change ☒ Addition

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

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

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

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

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 the empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

(407) 534-0381

Daytime Phone #

CR2E034 (9/99)