

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000093079**

1. Entity Name

**Integrated Cash Systems, Inc**

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90032 043 \*\*\*150.00

Principal Place of Business

Mailing Address

**2300 PALM BEACH LAKES BLVD.. STE. 305  
W. PALM BEACH FL 33407**

**2300 PALM BEACH LAKES BLVD.. STE. 305  
W. PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RIDOLFO, PHILLIP T JR  
GREENBERG TRAUIG, P.A.  
777 S. FLAGLER DR., 300E  
W. PALM BEACH FL 33401**

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

**FILE NOW  
FEE \$125.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Steve Sacco Disregard  
3000 N. Ocean Dr #126  
Singer Island, FL 33404**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Kevin Falvey Disregard  
833 Gardenia Dr  
Royal Palm Bch FL 33411**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Steve Sacco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-00 561-683-8983**

Date

Daytime Phone #

CR200007 (9/99)

# 2000 UNIFORM BUSINESS REPORT (UBR)

091500

DOCUMENT # P99000093079

1. Entity Name

INTEGRATED CASH SYSTEMS, INC.

Attachment # P99000093079  
A 6079158

Principal Place of Business

2300 PALM BEACH LAKES BLVD., SUITE 305  
WEST PALM BEACH FL 33407

Mailing Address

2300 PALM BEACH LAKES BLVD., SUITE 305  
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
33409

Country

Zip  
33409

Country

4. FEI Number

65-0959118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIDOLFO, PHILLIP T  
777 S. FLAGLER DRIVE, SUITE 300 E.  
WEST PALM BEACH FL 33401

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
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

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  
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

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 like empowered.

SIGNATURE:

*(Signature)* **SIGNATURE REQUIRED (Vice Pres.) Steve Sacco** 9-6-00 561-693-8983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

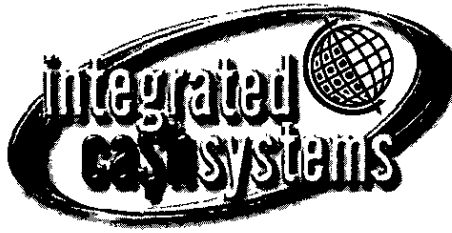
Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
#P99000093079  
A0079158

September 11, 2000



Florida Dept of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

Integrated Cash Systems Inc. filed a Uniform Business Report on May 1, 2000. The letter was sent by certified mail to the 409 East Gaines St address. The Post Office is still researching the certified mail, I will forward it immediately once I receive the response. I've attached a copy of the portion with the date stamp on it.

Apparently the letter was lost somewhere in the addressed office, 409 E Gaines St.

I spoke with your office and we are submitting the UBR again, with the original payment amount, per your instruction.

Please process the attached paperwork and let us know if you have any questions, 561-683-8983. Please ask for Donna Hill.

Regards,

Kevin Falvey  
President  
Integrated Cash Systems Inc.

A0079158

ATTACHMENT  
#P99000093079

U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

Article Sent To:

Dept of State

Postage \$

33

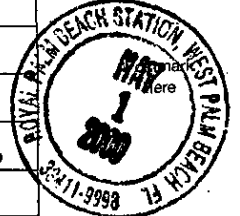
Certified Fee

1.70

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

1.73



Name (Please Print Clearly) (to be completed by mailer)

Integrated Cash Systems

Street, Apt. No., or PO Box No.

2300 PB Lakes Blvd Suite 305

City, State, ZIP+4

West Palm Bch FL 33407

PS Form 3800, July 1995

See Reverse for Instructions

7042 5358 9000 004E 6601