

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101346

1. Entity Name

GOVERNMENT PAYMENT SERVICE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90876 020 ***150.00

Principal Place of Business

Mailing Address

822 SARNO ROAD, STE 1
MELBOURNE FL 32935

822 SARNO ROAD, STE 1
MELBOURNE FL 32935-5028

2. Principal Place of Business

3. Mailing Address

3910 S John Young Pkwy
Suite, Apt. #, etc.

3910 S John Young Pkwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32839

USA

32839

USA

4. FEI Number

☒ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Russell Bruce Moncrief

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

3910 S. John Young Parkway

City Orlando

FL

Zip Code 32839

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 Russell Bruce Moncrief

Russell Bruce Moncrief

4-26-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ALEXANDER, MICHAEL P
STREET ADDRESS 822 SARNO ROAD, STE 1
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Delete

TITLE PD
NAME Russell Bruce Moncrief
STREET ADDRESS 3910 S John Young Parkway
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
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TITLE ☐ Change ☐ Addition

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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: Russell Bruce Moncrief

Russell Bruce Moncrief

Date

Daytime Phone #

(407) 423-2000
4/26/2000