

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90092 022 ***150.00

0641974 AT

DOCUMENT # P99000105288

1. Entity Name
EZCARD, INC.



Principal Place of Business
**3707 24TH AVE W
BRADENTON FL 34205**

Mailing Address
**PO BOX 15056
BRADENTON FL 34280**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0965127**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIGER, PATSY
3707 24TH AVE W
BRADENTON FL 34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patsy Geiger*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD**
NAME **ANDERSON, RICK**
STREET ADDRESS **P.O. BOX 7**
CITY-ST-ZIP **OZONA FL 34660** ☐ Delete

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

TITLE **VSD**
NAME **TUPIN-FANNON, KATHE**
STREET ADDRESS **PO BOX 14326**
CITY-ST-ZIP **BRADENTON FL 34280** ☒ Delete

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

TITLE **VD**
NAME **WILKINS, SUZANNE**
STREET ADDRESS **P.O. BOX 7**
CITY-ST-ZIP **OZONA FL 34660** ☐ Delete

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

TITLE **DST**
NAME **GEIGER, PATSY**
STREET ADDRESS **3703 24TH AVE W**
CITY-ST-ZIP **BRADENTON FL 34205** ☐ Delete

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

TITLE **D**
NAME **BARTHOLOMEW, LARRY**
STREET ADDRESS **P.O. BOX 7**
CITY-ST-ZIP **OZONA FL 34660** ☐ Delete

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

TITLE **D**
NAME **KILLERLAIN, WILLIAM**
STREET ADDRESS **P.O. BOX 7**
CITY-ST-ZIP **OZONA FL 34660** ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patsy Geiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

941-745-9920

Daytime Phone #

CR2E034 (10/02)