

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106543

1. Entity Name

WORLD CARD SOLUTIONS GROUP, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90111 044 ***150.00

Principal Place of Business

Mailing Address

WEST STATE ROAD 436

POST OFFICE BOX 915746

SUITE 2035

LONGWOOD FL 32791-5746

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

3300 W. LAKE MARY BLVD

3300 W. LAKE MARY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TE 300

SUITE 300

City & State

City & State

LAKE MARY FL

LAKE MARY, FL

Zip

Country

Zip

Country

32714 USA

32746 USA



DO NOT WRITE IN THIS SPACE

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

MONK, J. THOMAS
801 WEST STATE ROAD 436
SUITE 2035
ALTAMONTE SPRINGS FL 32714

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

J. Thomas Monk

J. Thomas Monk

04/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MONK, J. THOMAS**
STREET ADDRESS **801 WEST STATE ROAD 436, SUITE 2035**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME **3300 W. LAKE MARY BLVD SUITE 300**
STREET ADDRESS **LAKE MARY, FL 32746**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

J. Thomas Monk

J. Thomas Monk

04/28/00

407.257.4565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)