

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90253 016 \*\*\*158.75

**DOCUMENT # S74136**

1. Entity Name

**INTERNATIONAL PROCESSING SPECIALISTS, INC.**

Principal Place of Business

**1859 E. ADAMS STREET  
JACKSONVILLE FL 32202  
US**

Mailing Address

**1859 E. ADAMS STREET  
JACKSONVILLE FL 32202  
US**

2. Principal Place of Business

**1903 East Adams Street**

Suite, Apt. #, etc.

3. Mailing Address

**1903 East Adams Street**

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

City & State

**32202 Jacksonville, Fl 32202**

4. FEI Number

**59-3080004**

Applied For

Not Applicable

Zip  
**32202**

Country  
**Duval**

Zip  
**32202**

Country  
**Duval**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLLFELDER, KURT F  
1859 E. ADAMS STREET  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name  
**Kurt F. Hollfelder**  
Street Address (P.O. Box Number is Not Acceptable)  
**1903 East Adams Street**  
City  
**Jacksonville** FL Zip Code  
**32202**

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

*Kurt F. Hollfelder*

**March 30, 2001**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLLFELDER, KURT F.</b> <b>1859 E. ADAMS ST.</b> <b>JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARDEN, FERRELL J</b> <b>1859 E ADAMS ST</b> <b>JACKSONVILLE FL 32202</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kurt F. Hollfelder*  
**Kurt F. Hollfelder**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 30, 2001 (904) 356-0019**

Date

Daytime Phone #

CR2E034 (10/00)