

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021800

**Entity Name:** M2 PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 27-2374202

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 US

*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:** DAVID ROBERTS

02/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GONCHARIK, YELENA  
Address        3 HARVEST DRIVE  
City-State-Zip: NORTH ANDOVER MA 01845

Title            SECRETARY  
Name            TINA  
Address        14167 BARONESS CT  
City-State-Zip: ORLANDO FL 32828

Title            TREASURER  
Name            GONCHARIK, YELENA  
Address        3 HARVEST DRIVE  
City-State-Zip: NORTH ANDOVER MA 01845

Title            DIRECTOR  
Name            GONCHARIK, YELENA  
Address        3 HARVEST DRIVE  
City-State-Zip: NORTH ANDOVER MA 01845

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** YELENA GONCHARIK

PRESIDENT

02/08/2023

Electronic Signature of Signing Officer/Director Detail

Date