

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

0450861 AV

DOCUMENT # F01000001469

1. Entity Name
CERTEGY PAYMENT RECOVERY SERVICES, INC.

04-29-2002 90050 044 ***150.00

Principal Place of Business Mailing Address
11601 ROOSEVELT BLVD. **11601 ROOSEVELT BLVD.**
ST. PETERSBURG FL 33716 **ST. PETERSBURG FL 33716**



2. Principal Place of Business 3. Mailing Address
11720 AMBER PARK DR **11720 AMBER PARK DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.
600 **600**

City & State City & State
ALPHARETTA, GA **ALPHARETTA, GA**

Zip Country Zip Country
30004 **Fulton** **30004** **Fulton**

4. FEI Number Applied For
58-2595258 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CD <input checked="" type="checkbox"/> Delete	TOWE, LARRY J 11601 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD <input type="checkbox"/> Delete	CARBIENER, JEFFREY E 11601 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD <input type="checkbox"/> Delete	KORCHUN, WALTER M 11601 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V <input type="checkbox"/> Delete	REED, CATHY L 11601 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD <input type="checkbox"/> Delete	SAX, MICHAEL E 11601 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V <input checked="" type="checkbox"/> Delete	SPAHR, KARL W 11601 ROOSEVELT BLVD. ST. PETERSBURG FL 33716	<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: *Gary Wilbanks* **GARY WILBANKS** 4/15/02 678-867-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)