


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90076 025 ***150.00

DOCUMENT # P02000020173

1. Entity Name
ACH PAYMENT SOLUTIONS, INC.



Principal Place of Business
8015 CATHERINE LANE #3
LOUISVILLE KY 40222

Mailing Address
8015 CATHERINE LANE #3
LOUISVILLE KY 40222



2. Principal Place of Business
6919 TREYMORE CT

3. Mailing Address
6919 TREYMORE CT

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip 34243 **Country** USA

Zip 34243 **Country** USA

4. FEI Number
32-0007048

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

A1A FLORIDA CORPORATE SERVICES
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name JULIA W SAUER

Street Address (P.O. Box Number is Not Acceptable)
6919 TREYMORE COURT

City SARASOTA **FL** **Zip Code** 34243

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 *Julia W Sauer* **DATE** 3/25/03

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	EDELEN, RICHARD C	
STREET ADDRESS	8015 CATHERINE LANE #3	
CITY-ST-ZIP	LOUISVILLE KY 40222	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SAUER, JULIA W	
STREET ADDRESS	1717 CLAYTON ROAD	
CITY-ST-ZIP	LOUISVILLE KY 40205	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PLAPPERT, JAMES L	
STREET ADDRESS	8 ANCHORAGE POINT	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELEN, RICHARD C	
STREET ADDRESS	9200 SHELBYVILLE ROAD, SUITE #615	
CITY-ST-ZIP	LOUISVILLE, KY 40222	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUER, JULIA W.	
STREET ADDRESS	6919 TREYMORE COURT	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Richard C Edelen* **DATE** 3/25/03 **Daytime Phone #** (941) 360-8859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)