

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90165 009 ***150.00

DOCUMENT # F00000003852

1. Entity Name
E-COMMERCE PROCESSING, INC.

Principal Place of Business Mailing Address
2 ADA **2 ADA**
IRVINE CA 92618 **IRVINE CA 92618**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-072 5855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, BRIAN
4830 W. KENNEDY BLVD., #250
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name **THOMAS BROWN**

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

4830 W. Kennedy Blvd #250

City **Tampa**

FL

Zip Code **33609**

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

Signature, typed or printed name of registered agent and title if applicable

THOMAS BROWN
AREA SALES DIRECTOR

4/13/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

NOW!!! FEE IS \$150.00

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **MCCORMICK, MIKE**
STREET ADDRESS **2 SALERNO**
CITY-ST-ZIP **LAGUNA NIGUEL CA**

TITLE **VS** ☐ Delete
NAME **DUNN, STEPHEN**
STREET ADDRESS **4 GALAXY**
CITY-ST-ZIP **IRVINE CA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAIN SWAPP - President

4-13-01 (944) 789-7158

Date

Daytime Phone #