

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90192 021 \*\*\*550.00

0602371

**DOCUMENT # F00000004086**

1. Entity Name  
**PAYSTAR COMMUNICATIONS, INC.**

Principal Place of Business Mailing Address  
**1110 W. KETTLEMAN LANE #48** **1110 W. KETTLEMAN LANE #48**  
**LOD CA 95240** **LOD CA 95240**

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 **94-3307952** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HACKETT, ROBERT A**  
**2090 S. NOVA RD SRE A107**  
**SOUTH DAYTONA FL 32119**

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

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

(NOT 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 ☒ Delete  
 NAME **P MCKAY, JEFF**  
 STREET ADDRESS **1110 W. KETTLEMAN LANE #48**  
 CITY-ST-ZIP **LODI CA**

TITLE ☐ Delete  
 NAME **ST MARTIN, HARRY T**  
 STREET ADDRESS **1110 W. KETTLEMAN LANE #48**  
 CITY-ST-ZIP **LODI CA**

TITLE ☐ Delete  
 NAME **CD YOTTY, W D**  
 STREET ADDRESS **1110 W. KETTLEMAN LANE #48**  
 CITY-ST-ZIP **LODI CA**

TITLE ☒ Delete  
 NAME **D MCCLURE, BRIAN R**  
 STREET ADDRESS **1110 W. KETTLEMAN LANE #48**  
 CITY-ST-ZIP **LODI CA**

TITLE ☐ Delete  
 NAME **D ODEHRING, CLIFF**  
 STREET ADDRESS **1110 W. KETTLEMAN LANE #48**  
 CITY-ST-ZIP **LODI CA**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **PRESIDENT WAGNER, MARK**  
 STREET ADDRESS **1110 W. Kettleman Lane #48**  
 CITY-ST-ZIP **Lodi CA 95240**

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 **D GOEHRING, CLIFFORD**  
 STREET ADDRESS **1110 W. Kettleman Lane #48**  
 CITY-ST-ZIP **Lodi, CA 95240**

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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowerer as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)