


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90126 036 ****61.25

DOCUMENT # F98000006815

1. Entity Name
EASTPAY, INC.



Principal Place of Business Mailing Address

700 E. MAIN ST., STE. 1411 700 E. MAIN ST., STE. 1411
RICHMOND VA 23219 RICHMOND VA 23219

2. Principal Place of Business 3. Mailing Address


7400 Beauport Springs Dr - *7400 Beauport Springs Dr -*
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 405 *Suite 405*

City & State City & State

Richmond VA *Richmond, VA*

Zip Country Zip Country

23225 *USA* *23225* *USA*



CHECK HERE IF MAKING CHANGES

4. FEI Number **54-0991483** Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARR, JENNIFER C <input checked="" type="checkbox"/> Delete SUN TRUST BANKS, INC., 25 PARK PL. 13TH ATLANTA GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete VAGLIO, STEVE BANK OF AMERICA, 201 N TRYON ST 12TH FL CHARLOTTE NC 28255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ROBINSON, NORMAN K 11210 LADY SLIPPER LN. RICHMOND VA 23236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAWRENCE, MICKEY GUARANTY BANK & TRUST, 1641 JACARANDA BLVD VENICE FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete GAUTNEY, ANTHONY BANK ATLANTIC, 4150 SW 28TH WAY FORT LAUDERDALE FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREEAR, KENNETH L UNITED NATIONAL BANK, 500 VIRGINIA ST. E. CHARLESTON WV 25322

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Reardon, Ralph Coastal Federal CU 333 St. Albans Dr. Raleigh, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vaglio, Steve Bank of America 101 S. Tryon St 14th FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition First National Bank of FL 1340 E. Venice Ave. Venice FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *NORMAN K ROBINSON* 1-13-03 804644-1642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)