

2001 UNIFORM BUSINESS REPORT (UBR)

0025089 AF

DOCUMENT # L00000005524

1. Entity Name

PAYERCOMPLIANCE.COM, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -7 PM 4:12

Principal Place of Business

1564 MEADOWCREST BLVD.
CRYSTAL RIVER FL 34429

Mailing Address

1564 MEADOWCREST BLVD.
CRYSTAL RIVER FL 34429

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

59-3646390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAINEY, GARY D
1790 IVORYWOOD DRIVE
BEVERLY HILLS FL 34464

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ~~Chief Executive Officer~~ ☒ Delete
NAME ~~Gary Rainey~~
STREET ADDRESS ~~1564 Meadowcrest Blvd~~
CITY-ST-ZIP ~~Crystal River, FL 34429~~

TITLE ~~Director Business Development~~ ☒ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~Si-Tech, Inc.; MGRM~~ ☐ Change ☒ Addition
NAME ~~General Manager~~
STREET ADDRESS ~~1564 Meadowcrest Blvd~~
CITY-ST-ZIP ~~Crystal River, FL 34429~~

TITLE ~~Cobbware, Inc; MGRM~~ ☐ Change ☒ Addition
NAME ~~General Manager~~
STREET ADDRESS ~~1564 Meadowcrest Blvd~~
CITY-ST-ZIP ~~Crystal River, FL 34429~~

TITLE ~~William S. Dudley, LLC; MGRM~~ ☐ Change ☒ Addition
NAME ~~General Manager~~
STREET ADDRESS ~~312 East Venice Ave., Suite 201~~
CITY-ST-ZIP ~~Venice, FL 34292~~

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/01/2001 352-795-9667

CR2E083 (11/00)