

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012368

1. Entity Name

ELECTRONIC CHECK SERVICES, LLC

FILED

01 APR -9 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

36430 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

Mailing Address

36430 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

2. Principal Place of Business

36370 U.S. HIGHWAY 19 NO.

3. Mailing Address

36370 U.S. HIGHWAY 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL.

City & State

PALM HARBOR, FL.

Zip

34684

Country

U.S.A.

Zip

34684

Country

U.S.A.

4. FEI Number

59-368 3089

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

TITTERUD, RICHARD W *mgrm*  
36430 US HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

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.

(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

TITLE *mgrm*  
NAME *Richard W. Titterud* ☒ Delete  
STREET ADDRESS *36430 US Highway 19 N.*  
CITY-ST-ZIP *Palm Harbor, FL 34684*

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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TITLE  
NAME ☐ Change ☐ Addition  
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 #

CR2E083 (11/00)