2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2002 8:00 am Secretary of State 01-17-2002 90015 050 ****50.00

DOCUMENT # L0100007050 1. Entity Name B D INTERNET BILLING, LLC							retar 7-2002 900	-				
Principal Place of Business Mailing Address												
740 S. RIDGEWOOD AVE ORMOND BEACH FL 32174		740 S. RIDGEWOOD AVE ORMOND BEACH FL 32174										
2. Principal Place of Business		3. Mailing Address			-							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	, DO	NOT WRITE IN	THIS SPACE				
City & State		City & State			4. FEI N	lumber	2219	7/10	Ар	olied For		
Zip	Country	Zip Coun		ntry	5. Certificate of Status Desired S5.00 Additional							
8. Name and Address of Current F		egistered Accent		The serious desired To Name and Address of New Registered Agent								
				Name								
ARMAN, MICHAEL P 740 S. RIDGEWOOD AVE				Street Address (P.O. Box Number is Not Acceptable)].	
ORMOND BEACH FL 32174												
				City				FL Zir	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 frame of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE												
	Suprations, typed or present reasons in registerior signs to an		FEE IS \$50.							-		
		yable t	o Departmer ay 1, 2002			٠			•			
9.	MANAGING MEMBER	\ <u></u>	10.	ay 1, 2002		AC	DITIONS/CHA	WGES			-	
TITLE	Peter Dandoulas		TITLE	1				☐ Ch	ange	Addition	i g	
NAME STREET ADDRESS	PO BOX898		NAM STRE	ET ADORESS	$\rightarrow \mu_{\alpha}$	mosnos	Mend	201			CR2E083 (9/01)	
CITY-ST-ZIP	M+ woundy Victoria			-ST-ZIP		7.7		□ ch		☐ Addition	- K	
TITLE NAME	Augralio	Defete	TITL!	!					aige	Noviron		
STREET ADORESS CITY-ST-ZIP	Augtralia	.		ET ADORESS -ST-ZIP								
TITLE	Peter Dandoulas	Delete	, TITLE		- 4 - 5 - 5 - 5		· · · · **	☐ Cha	inge	Addition	-	
STREET ADDRESS CITY-ST-ZIP	100	2/49	STRE	ET ADDRESS =					-		-	
TITLE	Mount Waverley Vic	Delete	TITLE					☐ Cha	rige	Addition	1	
NAME Street address	Acestralia		NAM! STRE	E Et address								
CITY-ST-ZIP	N & was I would		╂	-ST-ZIP						☐ Addition	-	
TITLE Name	Note-wall must go t	es livery there,	TITLE NAMI					☐ Cha	raye	Addition		
STREET ADORESS CITY-ST-ZIP	10 sor - 140 queen	ecentry freez,		et address - St-Zip								
TITLE		☐ Oelete	TITLE		·			☐ Cha	uða	Addition] .	
NAME STREET ADDRESS			NAMI Stre	ET ADDRESS								
CTTY-ST-ZIP	partify that the information around with the	ue filing does not qualify for		ST-ZiP	Section 110.0	7/3Vi) Elecido	Statutes 1 feets	or nartify that	the info	vmation	1	
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.												
SIGNOIDE BEDIEFON 1-11-01 200 172 0200												
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOIS DOYLOR Proper.												