

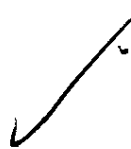
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90697 022 ****50.00

DOCUMENT # L02000031770

1. Entity Name



J & H BANKCARD SERVICES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1227 East Jackson St

1227 East Jackson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola FL

4. FEI Number

02 0654083

☒ Applied For

☐ Not Applicable

Zip

32501

Country

Escambia

Zip

32501

Country

Escambia

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jenny T. Huerta

Street Address (P.O. Box Number is Not Acceptable)

1227 East Jackson St

City

Pensacola

FL

Zip Code

32501

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

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

5-1-03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jenny T. Huerta
1227 East Jackson St
Pensacola, FL 32501

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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:

Jenny T. Huerta

5-1-03

8504337352

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

Date

Daytime Phone #