

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90171 019 \*\*\*\*50.00

**DOCUMENT # M00000001844**

1. Entity Name

**THE PAYMENT SHAVER COMPANY, L.C.**

2

Principal Place of Business

**18858 N. DALE MABRY HWY.  
 LUTZ FL 33549**

Mailing Address

**18858 N. DALE MABRY HWY.  
 LUTZ FL 33549**

971439

2. Principal Place of Business

**18858 N. DALE MABRY HWY.  
 Suite, Apt. #, etc.**

3. Mailing Address

**18858 N. DALE MABRY HWY.  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Lutz, Florida  
 Zip 33549 Country HILLS**

City & State

**Lutz, Florida  
 Zip Country**

4. FEI Number

**38-3350877**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PULLAN, ROBERT  
 18858 N. DALE MABRY HWY.  
 LUTZ FL 33549**

*[Signature]*

7. Name and Address of New Registered Agent

**ROBERT PULLAN  
 Street Address (P.O. Box Number is Not Acceptable)  
 18858 N. DALE MABRY HWY.  
 City Lutz FL Zip Code 33549**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

**MEM PULLAN, ROBERT  
 18858 N. DALE MABRY HWY.  
 LUTZ FL 33549** ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/02)