

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000705

1. Entity Name
U.S. PAYTEL SOUTHERN L.L.C.

Principal Place of Business
3814 GUNN HWY
#B
TAMPA FL 33624

Mailing Address
3814 GUNN HWY
#B
TAMPA FL 33624-4789

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 65-0787642

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

MAYER, TOM
3814 GUNN HWY
#B
TAMPA FL 33624

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

800003263888--6
-05/23/00--01100--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ABELL, GEORGE L
18 SIMME DR
LANCASTER NY 14086

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ARMSTRONG, MAXINE
566 JERRY CRUMP RD
LINCOLNTON NC 28092

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
AVRAMIDIS, STELLIOS
28408 LAS PALMAS CIRCLE
BOINITA SPRINGS FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
AVRAMIDIS, KAREN
28408 LAS PALMAS CIRCLE
BOINITA SPRINGS FL 34135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BASIK, JEFFREY
7870 EAGLES FLIGHT LN
FT MAYERS FL 33912

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BECK, THOMAS
209 PARK DR.
BALTIMORE MD 21228

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

THOMAS BECK, MEMBER 4/27/00

813-265-3973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)