

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90014 016 ****50.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0787642**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYER, TOM
 3814 GUNN HWY
 #B
 TAMPA FL 33624**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ABELL, GEORGE L	
STREET ADDRESS	18 SIMME DR	
CITY-ST-ZIP	LANCASTER NY 14086	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ARMSTRONG, MAXINE	
STREET ADDRESS	566 JERRY CRUMP RD	
CITY-ST-ZIP	LINCOLNTON NC 28092	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AVRAMIDIS, STELLIOS	
STREET ADDRESS	28408 LAS PALMAS CIRCLE	
CITY-ST-ZIP	BOINITA SPRINGS FL 34135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AVRAMIDIS, KAREN	
STREET ADDRESS	28408 LAS PALMAS CIRCLE	
CITY-ST-ZIP	BOINITA SPRINGS FL 34135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BASIK, JEFFREY	
STREET ADDRESS	7870 EAGLES FLIGHT LN	
CITY-ST-ZIP	FT MAYERS FL 33912	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BECK, THOMAS	
STREET ADDRESS	209 PARK DR.	
CITY-ST-ZIP	BALTIMORE MD 21228	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Thomas L Mayer *Thomas L Mayer* 4/15/02 813-265-3973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)