

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90011 002 \*\*\*150.00

DOCUMENT # P00000004390

1. Entity Name

CHECKS YOUR WAY, INC.

Principal Place of Business

10660 83 PLACE

LIVE OAK FL 32060

Mailing Address

10660 83 PLACE

LIVE OAK FL 32060

2. Principal Place of Business

621 NORTH AV

3. Mailing Address

621 NORTH AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE OAK FL

City & State

LIVE OAK FL

Zip

32064-1853

Country

USA

Zip

32064-1853

Country

USA

4. FEI Number

59-3614352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARLING, LARAMIE D

10660 83 PLACE

LIVE OAK FL 32060

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	STARLING, LARAMIE D	
STREET ADDRESS	10660 83RD PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STARLING, LARAMIE S	
STREET ADDRESS	10660 83RD PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, CHRISTOPHER M	
STREET ADDRESS	15444 51ST DR.	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STARLING, SHIRLEY S.	<input checked="" 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		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent and was duly elected or appointed as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/07/02 386-362-4044

CR2E034 (9/01)