

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047995

1. Entity Name  
INTERNATIONAL PAYMASTER SYSTEMS, INC.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90297 015 \*\*\*150.00

05/06/10-1-10

Principal Place of Business  
134 E FT DADE AVENUE  
BROOKSVILLE FL 34601  
US

Mailing Address  
21321 AYERS ROAD  
BROOKSVILLE FL 34604  
US



2. Principal Place of Business

3. Mailing Address

134 E. FT. DADE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

BROOKSVILLE FL

4. FEI Number 59-3724516

Applied For

Not Applicable

Zip

Country

Zip

Country

34601

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

BARBEE, DEBRA K  
21321 AYERS ROAD  
BROOKSVILLE FL 34604

Name

DAVIS, DEBRA K.

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

134 E. FT. DADE AVE.

City

BROOKSVILLE

FL

Zip Code

34601

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

Debra K. Davis

DEBRA K. DAVIS

4-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
BARBEE, P.M.  
21321 AYERS RD  
BROOKSVILLE FL 34604 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
134 E. FT. DADE AVE  
BROOKSVILLE FL 34601 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PERRY, KIM C  
134 EAST FORT DADE AVENUE  
BROOKSVILLE FL 34601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Bar Bee

4-28-03

352-754-8688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2F034 (10/02)