2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000034353**

1. Entity Name
ADVANCED PAYMENT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
4815 EAST BUSCH BLVD. STE. 208	4815 EAST BUSCH BLVD. STE. 208
TAMPA FL	TAMPA FL
33617	33617

2. Principal Place of Business	3. Mailing Address
4809 E. BUSCH BLVD.	4809 E. BUSCH BLVD.
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State TAMPA FL	City & State TAMPA FL
Zip 33617 Country	Zip 33617 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3504700** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABERNATHY JOE
4815 E BUSCH BLVD.
#108
TAMPA FL
33617

7. Name and Address of New Registered Agent

Name
ABERNATHY JOE
Street Address (P.O. Box Number is Not Acceptable)
4809 E. BUSCH BLVD.
SUITE 201
City TAMPA **FL** Zip Code 33617

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 ______________________ 04/30/2001
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABERNATHY JOE		NAME		
STREET ADDRESS	324 SOUTH RIVERHILLS DR.		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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

SIGNATURE: Joe Abernathy D 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #