2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000000029** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name SUSEH SERVICES. INC. ("THE ELECTRONIC BANKING CENTER") 04-10-2000 90049 025 ***150.00 Principal Place of Business Mailing Address 853 CANTERBURY DR. 853 CANTERBURY OR. LAKE MARY FL 32746 LAKE MARY FL 32746-3455 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 52-2140231 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEILA JANEY TAYLOR, HOWARD Street Address (P.O. Box Number is Not Acceptable) 853 CANTERBURY DR. LAKE MARY FL 32746 773 CREEKWATER Zip Code 32746 LAKE MARY 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 (NOTE: Registered Agent signature required when reinstating) registered agent and little if applicable. ____ FILE NOW!!! FEE IS \$150.00=** 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE De ete TITLE SENIOR EVP/SECRETARY Change ★ Addition SHEILA JANEY NAME **GUINYARD, TROY** NAME 773 CREEKWATER #207 STREET ADDRESS STREET ADDRESS 853 CANTERBURY DR. LAKE MARY FL 32746 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 VICE PRESIDENT MARKETING 🗖 Change **Addition** Delete TITLE CEO TITLE WEAVER, DANIEL NAME SHEILA DIXON CEO NAME STREET ADDRESS STREET ADDRESS 11109 ZIMMERMAN LANE 711 CREEKWATER #211 CITY-ST-ZIP CITY-ST-ZIP 3 AUSTIN'TX 78726 LAKE MARY FL 32746 ☐ Change SENIOR EVP MARKETING Addition TITLE ☐ Delete TITLE DAVE PETERSON NAME 710 LOPEZ AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>SEASIDE CA 93955</u> ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR