

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000000029**

1. Entity Name

**SUSEH SERVICES, INC. ("THE ELECTRONIC BANKING CENTER")**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90049 025 \*\*\*150.00

Principal Place of Business <b>853 CANTERBURY DR. LAKE MARY FL 32746</b>	Mailing Address <b>853 CANTERBURY DR. LAKE MARY FL 32746-3455</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>52-2140231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TAYLOR, HOWARD**  
**853 CANTERBURY DR.**  
**LAKE MARY FL 32746**

**7. Name and Address of New Registered Agent**

Name **SHEILA JANEY**

Street Address (P.O. Box Number is Not Acceptable)  
**773 CREEKWATER #207**

City **LAKE MARY** **FL** Zip Code **32746**

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 *Howard Taylor* DATE 3/1/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>GUINYARD, TROY</b>	
STREET ADDRESS <b>853 CANTERBURY DR.</b>	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	
TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WEAVER, DANIEL</b>	
STREET ADDRESS <b>11109 ZIMMERMAN LANE</b>	
CITY-ST-ZIP <b>AUSTIN TX 78726</b>	
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 <b>SENIOR EVP/SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHEILA JANEY</b>	
STREET ADDRESS <b>773 CREEKWATER #207</b>	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	
TITLE <b>VICE PRESIDENT MARKETING</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHEILA DIXON</b>	
STREET ADDRESS <b>711 CREEKWATER #211</b>	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>	
TITLE <b>SENIOR EVP MARKETING</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DAVE PETERSON</b>	
STREET ADDRESS <b>710 LOPEZ AVENUE</b>	
CITY-ST-ZIP <b>SEASIDE CA 93955</b>	
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 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: *Sheila Janey* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000 Date

407-323-1974 Daytime Phone #

CR2E034 (9/99)