

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90163 022 \*\*\*\*61.25

**DOCUMENT # F98000006815**

1. Entity Name

**EASTPAY, INC.**

Principal Place of Business

Mailing Address

700 E. MAIN ST., STE. 1411  
 RICHMOND VA 23219

700 E. MAIN ST., STE. 1411  
 RICHMOND VA 23219-2619

80016329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**54-0991483**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>GARR, JENNIFER C</b>
STREET ADDRESS	<b>SUN TRUST BANKS, INC., 25 PARK PL. 13TH</b>
CITY-ST-ZIP	<b>ATLANTA GA 30303</b>
TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>QUINN, JOHNNIE</b>
STREET ADDRESS	<b>NATIONSBANK, 101 N. TRYON ST., NC10023214</b>
CITY-ST-ZIP	<b>CHARLOTTE NC 28255</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ROBINSON, NORMAN K</b>
STREET ADDRESS	<b>11210 LADY SLIPPER LN.</b>
CITY-ST-ZIP	<b>RICHMOND VA 23236</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>LAWRENCE, MICKEY</b>
STREET ADDRESS	<b>GUARANTY BANK &amp; TRUST, 1641 JACARANDA BLVD</b>
CITY-ST-ZIP	<b>VENICE FL 34293</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>MARKLE, GEORGE</b>
STREET ADDRESS	<b>1ST CITIZENS BANK &amp; TRUST, 100 E TRYON RD</b>
CITY-ST-ZIP	<b>RALEIGH NC 27131</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREEAR, KENNETH L.</b>
STREET ADDRESS	<b>UNITED NATIONAL BANK, 500 VIRGINIA ST. E.</b>
CITY-ST-ZIP	<b>CHARLESTON WV 25322</b>

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>T</b>
STREET ADDRESS	<b>RALPH REARDON</b>
CITY-ST-ZIP	<b>COASTAL FEDERAL CREDIT UNION, 333 ST. ALBANS DR. RALEIGH, NC 27609</b>

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1-29-00

804643-3529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #