

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 320168

1. Entity Name

C.M. PAYNE & SON, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90047 013 \*\*\*150.00

Principal Place of Business 9410 PAYNE ROAD SEBRING FL 33872-9716	Mailing Address 9410 PAYNE ROAD SEBRING FLA 33872-9716
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00018688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>59-1170222</b>	Applied For <input type="checkbox"/> Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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

PAYNE, KELSEY F.  
 9410 PAYNE ROAD  
 SEBRING FL 33872

Name	Street Address (P.O. Box Number is Not Acceptable)	City	<b>FL</b>	Zip Code
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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 Kelsey F. Payne (Signature, typed or printed name of registered agent and title if applicable.)  
 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE 2/2/00

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	PAYNE, KELSEY F	
STREET ADDRESS	9404 PAYNE RD	
CITY-ST-ZIP	SEBRING FL	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, MARY E.	
STREET ADDRESS	9314 PAYNE ROAD	
CITY-ST-ZIP	SEBRING FL	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	PAYNE, JOHN K	
STREET ADDRESS	338 NW LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	PAYNE, KELSEY F II	
STREET ADDRESS	5609 LAKE JOSEPHINE RD	
CITY-ST-ZIP	SEBRING FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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: JOHN K. PAYNE 2/2/00 863-385-4642  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #