

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001614

1. Entity Name

PAYDAY TODAY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90013 016 ***150.00

Principal Place of Business 5023 OLD NATIONAL HWY. COLLEGE PARK GA 30349	Mailing Address 5023 OLD NATIONAL HWY. COLLEGE PARK GA 30349-3215
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2. Principal Place of Business 5465 PENSACOLA BLVD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State PENSACOLA FL	City & State
Zip 32505	Country USA

4. FEI Number 58-2441729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COOK, MICHAEL H 502 E. STATE RD. 200, STE. 3 FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent Name Joe Jones Street Address (P.O. Box Number is Not Acceptable) 5465 Pensacola Blvd. City Pensacola FL Zip Code 32505
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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 Joe Jones Joe Jones
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CP HURLEY, DAVID B 1894 WOODLAND HILLS AVE. ATLANTA GA 30318 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, JOHN H 1551 CRESTLINE DR. ATLANTA GA 30345 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David B. Hurley 3-24-00 404-763-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)