## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## G87042 DOCUMENT #

1. Entity Name

PAYNE CORPORATION

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**FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90243 048 \*\*\*150.00

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Principal Place of Business 1353 HERNDON AVE. DELTONA FL 32725  Mailing Address PO BOX 4028 ENTERPRISE FL 32725									
2. Principal Place of I		3. Mailing Address	<u>,                                      </u>			8881   6191   8811   8811   81918   149			
Suite, Apt. #, etc. SUITE 105		Suite, Apt. #, etc.				CHECK HERE IF M	AKING CHANGE	SS .	
City & State DELTONA	FL	City & State			4. FEI Numbe	<sup>er</sup> 59-2617314	<del></del>	Applied For Not Applicable	
Zip <b>32725</b>	Country	Zip	Country		5. Certificate	of Status Desired	<b>\$8.75</b> A Fee Requi		
6. N	ame and Address of Current I	Registered Agent			7. Name and	Address of New Regist	tered Agent		
-	- Signatur <del>- Tire</del> in Signatur - Francis	and the second s	· Name	° Tūis	Δ μ	ERNANDEZ	JR.		
Street Address						(P.O. Box Number is Not Acceptable)  O DECTONA BUP			
DELTONA FL 327	25			SUITE		The same and			
8. The shove ramed	tity sucress this statement for	the gurage of the series it.	City	DELT	rouA		FL Zip Sg	フフスグー	
the obligations of statement of Signature.	gistereyagen	C. Lus He	ERNANOE 2	; <del>-</del> , <del>-</del> ,	PRESIDE	TUF	2 - 14 - 03	n, and accept	
After May 1, Make Check Payab	W!!! FEE IS \$150.00 2003 Fee will be \$550.00 e to Florida Department of				Tru	ction Campaign Financir st Fund Contribution.	☐ Adde	00 May Be ed to Fees	
10.	OFFICERS AND I		11.		ADDITIONS/	CHANGES TO OFFICERS	S AND DIRECTO	RS IN 11	
	NDEZ, LUIS Å., JR. IERNDON AVE:	☐ Delete	TITLE NAME STREET ADDRESS	4D LUIS 5 780 D		RNANDEZ, DA. BLVO - STE 105	Change	☐ Addition	
CITY-ST-ZIP DELTO	NA FL		CITY-ST-ZIP	DEZTO	NA FL	32725			
	', tracy e. Ierndon ave. Na fl	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			HARDY 800 - STE 10	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Delete:	NAME STREET ADDRESS CITY-ST-ZIP			Provide the control of the control o	_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	s	- AAI		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	☐ Addition	
VAME STREET ADDRESS CITY-ST-ZIP	the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

indicated on this report or supplemental eport 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 triskle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with in address, with all other like empowered.

SIGNATURE: C

LOURDIG HERNANGEZ, OL

2-14-07

386-860-1989

Daytime Phone #