

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12573

1. Entity Name

PAYBILL, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90252 046 ***150.00

0600876

Principal Place of Business

207 S DIXIE HWY
W. PALM BEACH FL 33401

Mailing Address

9415 E HARRY
SUITE 202
WICHITA KS 67207
US

00034854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9415 E. Harry

Suite, Apt. #, etc.

Suite 204

City & State

Wichita, KS

Zip

Country

67207

USA

4. FEI Number 74-2414905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, GEORGE F
207 S DIXIE HWY
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits " " 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

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, 2001 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 VD
NAME PAYNE, GEORGE F
STREET ADDRESS 3840 DELLWOOD RD
CITY-ST-ZIP LOXAHATCHEE FL 33470 ☐ Delete

TITLE P
NAME JENKINS, D. WAYNE
STREET ADDRESS 8401 KILLARNEY
CITY-ST-ZIP WICHITA KS 67206 ☐ Delete

TITLE TS
NAME WHITING, PAM S
STREET ADDRESS 2503 WHITE CLIFF
CITY-ST-ZIP WICHITA KS 67210 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)