

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K64980

1. Entity Name
PAY PLAN, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90131 029 ***150.00

Principal Place of Business
**10691 N KENDALL DR
SUITE 304
MIAMI FL 33176**

Mailing Address
**10691 N KENDALL DR
SUITE 304
MIAMI FL 33176-1551**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2957571**
☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILKS, AMELIA DIANE
10691 N KENDALL DR
SUITE 304
MIAMI FL 33176**

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 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PSD	<input type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, GARY P		NAME	Amelia D. Wilks	
STREET ADDRESS	10691 N KENDALL DR SUITE 304		STREET ADDRESS	10691 N. Kendall Dr Suite 304	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	Miami, FL 33176	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, GARY P		NAME	Stella R. Davis	
STREET ADDRESS	10691 N KENDALL DR SUITE 304		STREET ADDRESS	10691 N. Kendall Dr Suite 304	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	Miami, FL 33176	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: Amelia D. Wilks **Amelia D. Wilks** 305-598-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)