

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013373**1. Entity Name
PAYFORCAMP, LLC

Principal Place of Business 5455 N. FEDERAL HIGHWAY, SUITE O BOCA RATON FL 33487	Mailing Address 5455 N. FEDERAL HIGHWAY, SUITE O BOCA RATON FL 33487
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2. Principal Place of Business 6421 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 200 City & State BOCA RATON FL	3. Mailing Address 6421 CONGRESS AVENUE Suite, Apt. #, etc. SUITE 200 City & State BOCA RATON FL
Zip 33487	Country US

4. FEI Number ☐ Applied For
☒ Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BREGMAN HOWARD ESQ. 777 S. FLAGLER DRIVE, SUITE 300E WEST PALM BEACH FL 33401 US	7. Name and Address of New Registered Agent Name RIDOLFO PHILLIP TJR.ESQ. Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DRIVE SUITE 300E City WEST PALM BEACH FL Zip Code 33401
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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 **PHILLIP T. RIDOLFO, JR.****01/24/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHEDIRECTORIES, LLC C/O 6421 CONGRESS AVE., SUITE 200 BOCA RATON FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIM N. BREGMAN**S****01/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)