

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006115 AF

**DOCUMENT # L00000013493**

**1. Entity Name**  
AUTOMATIC PAYROLL SERVICE, LLC

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
307 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

**Mailing Address**  
307 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
59-3679559

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**MJH**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

HOPKINS, JOHN R  
307 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

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** \_\_\_\_\_  
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**

**3000003956439 1**  
-04/13/01--01028--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGRM ☐ Delete  
**NAME** BRADY, DENNIS S  
**STREET ADDRESS** 307 E. NEW HAVEN AVENUE  
**CITY-ST-ZIP** MELBOURNE FL 32901

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

**TITLE** MGRM ☐ Delete  
**NAME** COLLINS, MARSHA  
**STREET ADDRESS** 307 E. NEW HAVEN AVENUE  
**CITY-ST-ZIP** MELBOURNE FL 32901

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

**TITLE** MGRM ☒ Delete  
**NAME** BERMAN, HOPKINS, WRIGHT & LAHAM LLP  
**STREET ADDRESS** 307 E. NEW HAVEN AVENUE  
**CITY-ST-ZIP** MELBOURNE FL 32901

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

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
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**CITY-ST-ZIP**

**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:** *Marsha A. Collins* **MARSHA A. COLLINS**

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

Date

Daytime Phone #

321-779-8466

CR2E083 (11/00)