

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90037 027 \*\*\*\*50.00

**DOCUMENT # L01000007063**

1. Entity Name

**WILLIAM T. PAYNE, JR. LLC**

Principal Place of Business

**1605 MAIN ST., STE. 912  
 SARASOTA FL 34236**

Mailing Address

**1605 MAIN ST., STE. 912  
 SARASOTA FL 34236**

2. Principal Place of Business

**7104 ST JOHNS WAY**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**UNIVERSITY PARK, FL.**

City & State

Zip

**34201**

Country

Country

4. FEI Number

**65-1100236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCOVILL, H. WILLIAM  
 1605 MAIN ST., STE. 912  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

**WILLIAM T. PAYNE, JR.**

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

**7104 ST JOHNS WAY**

City

**UNIVERSITY PARK**

FL

Zip Code

**34201**

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

*William T. Payne, Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Jan 28/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **WILLIAM T. PAYNE, JR.** ☐ Delete  
 STREET ADDRESS **MANAGING MEMBER**  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 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:

*William T. Payne, Jr.*

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

Date

Daytime Phone #

**Jan 28/02**

CR2E083 (9/01)