

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90253 044 ***158.75

0463179

DOCUMENT # L69049

1. Entity Name

PAYROLL DEPOT, INC.

Principal Place of Business

**2300 W SAMPLE RD
 SUITE 302
 POMPANO BEACH FL 33073**

Mailing Address

**2300 W SAMPLE RD
 SUITE 302
 POMPANO BEACH FL 33073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1330

City & State

City & State

AUBURN ME

Zip

Country

Zip

Country

04211-1330

USA

4. FEI Number

65-0197700

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIGHTMAN, LOIS

**2300 W SAMPLE RD
 SUITE 302
 POMPANO BEACH FL 33073**

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION FL

FL

Zip Code

33324

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

Barbara A Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

4-23-01

Signature, typed or printed name of registered agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☒ Delete
 NAME **LIGHTMAN, LOIS**
 STREET ADDRESS **19707 WATERS POND LN #402**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DP** ☒ Delete
 NAME **LIGHTMAN, MORTON**
 STREET ADDRESS **19707 WATERS POND LN #402**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **LATHROP, CHARLES W. JR**
 STREET ADDRESS **126 MERRON ROAD**
 CITY-ST-ZIP **AUBURN ME 04211**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **PETER McGRAIL**
 STREET ADDRESS **126 MERRON ROAD**
 CITY-ST-ZIP **AUBURN ME 04211**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Peter McGrail

PETER McGRAIL

4/19/01

207 7840178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)