

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0082898 AV

DOCUMENT # P00000024235

1. Entity Name
PAYERPAGE CO.



FILED

03 SEP -5 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
22313 WHISTLING PINES LANE
BOCA RATON FL 33428

Mailing Address
22313 WHISTLING PINES LANE
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0987808

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

BENNETT, JUDITH K
22313 WHISTLING PINES LANE
BOCA RATON FL 33428

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BENNETT, JUDITH K
STREET ADDRESS 22313 WHISTLING PINES LANE
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900022889769
09/03/03--01084--008 ***150.00

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/03

Date

561-716-1965

Daytime Phone #

CR2E034 (4/03)

PayPerPage Company Inc
22313 Whistling Pines Lane
Boca Raton, FL 33428
561-716-1965

September 4, 2003

Uniform Business Report
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Corporation Division Review Person(s):

I am hoping that you will be able to assist me. I was unaware that that my filing fee had not been paid earlier, as it always has been, during the two years that I have been in business. When I went on-line to pay, I was amazed that the fee was \$550 (I had always paid \$150). It stopped me cold in my tracks.

It has not been a very good year for me. I am trying desperately to keep my business afloat and finally show even a meager profit that does not come from putting my tax return and all profits back into the company. During this year, my mom became terminally ill. She was in and out of the hospital almost every month. She subsequently passed away in June.

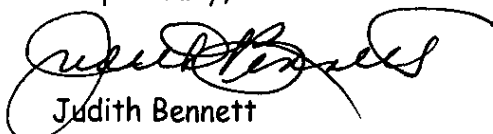
My father and I were my mom's caretakers. It has been very difficult for me to keep up with anything else. I wish I could put into words what it has been like. Although she died in June, I am just now starting to pick up the pieces of what I had put on the back burner.

Based on my circumstances, I would truly appreciate it if you could see it in your hearts to waive the late fee and allow me to pay the original \$150 fee. In fact, a (personal) check for it is enclosed. (I did not have my business account with me today.) If this is not acceptable, I will send the remainder upon your notification. I would be happy to submit any documentation of hospital admissions, death certificate, statements from doctors, mine and my mom's, if you feel that would support my case. My stress level at this point requires medication and counseling.

I don't really know what else to say except please forgive my lateness and accept this check as payment in full. I have no choice but to abide by your decision. I pray that you will favor me and make an exception.

Thank you again for your consideration.

Respectfully,



Judith Bennett
President