

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000056351**1. Entity Name
FLORIDA PAYROLL SYSTEMS, INC.

Principal Place of Business 22421 HATTERAS STREET WOODLAND HILLS CA 91367	Mailing Address 22421 HATTERAS STREET WOODLAND HILLS CA 91367
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2. Principal Place of Business 9261 LAZY LANE	3. Mailing Address 9261 LAZY LANE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL
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Zip 33614	Country	Zip 33614	Country
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4. FEI Number 59-3661403	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE FL
323012525 US**7. Name and Address of New Registered Agent**Name
HILSENATH PAUL DPRES.Street Address (P.O. Box Number is Not Acceptable)
9261 LAZY LANECity
TAMPA FL Zip Code
33614

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 **PAUL D. HILSENATH**

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

(NOTE: Registered Agent signature required when reinstating)

03/04/2001

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILSENATH PAUL D POST OFFICE BOX 16547 ENCINO CA 91416	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILSENATH PAUL D 9261 LAZY LANE TAMPA FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Paul D. Hilsenrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

03/04/2001

Date

Daytime Phone #

CR2E034 (11/00)