

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91219 012 ***150.00

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DOCUMENT # P01000006492

1. Entity Name

DONALD L. PAYNE, INC.

Principal Place of Business

**1113 S.E. 47TH TERRACE
 SUITE #7
 CAPE CORAL FL 33904**

Mailing Address

**C/O ROBERT D. ROYSTON, JR.
 P.O. DRAWER 60205
 FORT MYERS FL 33906**



2. Principal Place of Business

15560 Catalpa Cove Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

4. FEI Number

65-1069487

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.
 12670 NEW BRITTANY BLVD.
 SUITE 101
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/02

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, 2002 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 ☐ Delete

**D
 PAYNE, DONALD L
 1113 S.E. 47TH TERRACE SUITE #7
 CAPE CORAL FL 33904**

TITLE ☐ Delete

TITLE ☐ Delete

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TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

**P,S,T
 15560 Catalpa Cove Drive
 Fort Myers, FL 33908**

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

Date

941-707-8900

Daytime Phone #

CR2E034 (9/01)