2003 FOR PROFIT CORPORATION

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 04-11-2003 90160 014 ***150.00 P02000001910 DOCUMENT # 1, Entity Name PAYROLL MARKETING INCORPORATED Principal Place of Business Mailing Address 104 DRIFTWOOD AVENUE 1852 EDGEWOOD DRIVE SUITE 2 NAVARRE FL 32566 FORT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 26-0006567 Applied For Not Applicable \$8.75 Additional Fee Required Country Zip Country 5. - Certificate of Status Desired__ ~ . --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, DIANE L Street Address (P.O. Box Number is Not Acceptable) 1852 EDGEWOOD DRIVE KRINT NAVARRE FL 32566 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 SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE President ☐ Addition Diane L. ☐ Change resident NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIF Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachness—with an address, with all pither like empowered.