


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90208 044 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000067628**

1. Entity Name  
**IPAYDEBT INC**



Principal Place of Business  
 2385 EXECUTIVE CENTER DRIVE  
 SUITE 100  
 BOCA RATON, FL 33431

Mailing Address  
 2385 EXECUTIVE CENTER DRIVE  
 SUITE 100  
 BOCA RATON, FL 33431

2. Principal Place of Business  
 1845 S. Federal Hwy  
 Suite, Apt. #, etc.  
 Suite 352

3. Mailing Address  
 1845 S. Federal Hwy  
 Suite, Apt. #, etc.  
 Suite 352



CHECK HERE IF MAKING CHANGES

City & State  
 Delray Beach, FL

City & State  
 Delray Beach, FL

Zip  
 33483

Country  
 Palm Beach

Country  
 Palm Beach

4. FEI Number  
 81-0557325

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARRERO, JOSEPH F**  
 2385 EXECUTIVE CENTER DRIVE  
 SUITE 100  
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name  
 Barrero, Joseph F

Street Address (P.O. Box Number is Not Acceptable)  
 1845 S. Federal Hwy

City  
 Delray Beach

State  
 FL

Zip Code  
 33483

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  **Joseph F. Barrero, President/CEO** 4/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Barrero, Joseph 1845 S. Federal Hwy # 352 Delray Beach, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Williams, Mathew T. 1845 S. Federal Hwy # 352 Delray Beach, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Joseph F. Barrero** 4/30/03 561-279-0323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)