

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90303 040 ***150.00

DOCUMENT # P93000025084

1. Entity Name
PAYCHEX BENEFITS OF FLORIDA, INC.

Principal Place of Business
10105 9TH ST N
ST PETERSBURG FL 33716
US

Mailing Address
911 PANORAMA TR S
ROCHESTER NY 14625
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3186406

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD MORPHY, JOHN
911 PANORAMA TR S
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD RAMBO, DIANE
94 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
PCD RAMBO, DIANE
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MCGEE, RONALD
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
DIRECTOR
FOERY, PAUL
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MASTROBERARVINO, DONATO
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
DIRECTOR
SWETMAN, JOANNE
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
DIRECTOR
M^CBURNEY ROBERT
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MORPHY

4/4/02

Date

585-385-1666

Daytime Phone #

CR2E034 (9/01)