

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 016 ***150.00

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1. Entity Name
PAYCHEX BENEFITS OF FLORIDA, INC.



Principal Place of Business
**10485 9TH ST N
ST PETERSBURG FL 33716
US**

Mailing Address
**911 PANORAMA TR S
ROCHESTER NY 14625
US**



2. Principal Place of Business
911 PANORAMA TRAIL S

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ROCHESTER NY

City & State

4. FEI Number
59-3186406

Applied For
Not Applicable

Zip
14625

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. 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** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOERY, PAUL
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWETMAN, JOANNE
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCBURNIE, ROBERT
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, P
ROBERT MCBURNIE
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

585-385-6666

Daytime Phone #

CR2E034 (10/02)