

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90168 030 ***150.00

DOCUMENT # P94000088037

1. Entity Name

PAYDAY CARS, INC.

Principal Place of Business

**4218 HAMMOND DRIVE
 WINTER HAVEN FL 33880**

Mailing Address

**4218 HAMMOND DRIVE
 WINTER HAVEN FL 33881-9701**

2. Principal Place of Business

2737 US HIGHWAY 92 E

Suite, Apt. #, etc.

3. Mailing Address

2737 US HIGHWAY 92 E

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND FLORIDA

City & State

LAKELAND FLORIDA

4. FEI Number

59-3289079

Applied For

Not Applicable

Zip

33801

Country

US

Zip

33801

Country

US

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

**JONES, DAVID B
 4218 HAMMOND DRIVE
 WINTER HAVEN FL 33880**



Name

Street Address (P.O. Box Number is Not Acceptable)

2737 HWY 92 E.

City

LAKELAND

FL

Zip Code

33801

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

David B Jones

PRESIDENT

DAVID B. JONES

1/12/2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	JONES, DAVID B	
STREET ADDRESS	3250 CRUMP ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 32881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DAVID B. JONES

1/12/2000

863-665-4987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #