

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90273 005 \*\*\*550.00

**DOCUMENT # P96000067364**

1. Entity Name

**PAY + PLUS PAYROLL ADMINISTRATORS, INC.**

Principal Place of Business  
 15950 BAY VISTA DR. STE 260  
 CLEARWATER FL 34620

Mailing Address  
 15950 BAY VISTA DR. STE 260  
 CLEARWATER FL 34620

2. Principal Place of Business

**13630 58th St. N**

Suite, Apt. #, etc.

**#101**

City & State

**Clearwater FL**

Zip

**33760**

Country

**Pinellas**

3. Mailing Address

**13630 58th St. N**

Suite, Apt. #, etc.

**#101**

City & State

**Clearwater FL**

Zip

**33760**

Country

**Pinellas**

4. FEI Number

**59-3330053**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75. Additional Fee Required**

6. Name and Address of Current Registered Agent

**DROMM, R. KEN**

**15950 BAY VISTA DR #260**

**CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

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

**13630 58th St. N**

**#101**

City

**Clearwater**

**FL**

Zip Code

**33760**

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)

**8-9-01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE ☐ Delete

**PT**  
**DROMM, R. KEN**  
**15950 BAY VISTA DR #155**  
**CLEARWATER FL 33760**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

**13630 58th St. N #101**  
**Clearwater FL 33760**

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**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-9-01**

Date

**(727) 538-4145**

Daytime Phone #

CR2E034 (5/01)