## 2001 UNIFORM BUSINESS REPORT (UBR)

## Sep 06, 2001 8:00 am Secretary of State DOCUMENT # P96000067364 1. Entity Name 09-06-2001 90273 005 \*\*\*550.00 PAY + PLUS PAYROLL ADMINISTRATORS, INC. Principal Place of Business Mailing Address 15950 BAY VISTA DR. STE 260 15950 BAY VISTA DR. STE 260 CLEARWATER FL 34620 CLEARWATER FL 34620 2. Principal Place of Business 3. Mailing Address 13630 58th 13630 58th Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 101 # 10 City & State City & State 4. FEI Number Applied For 59-3330053 Clearwate lean wa Not Applicable Žin Country \$8.75. Additional 5. Certificate of Status Desired 33760 inellas Uas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dromái, r. Ken ... Street Address (P.O. Box Number is Not Acceptable) 15950 BAY VISTA DR #260 #101 **CLEARWATER FL 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** (NOTE: Recistered Acent signature required when reinstation) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01) TITLE Change Addition Delete TITLE DROMM, R. KEN NAME NAME 2E034 STREET ADDRESS 15950 BAY VISTA DR #155 13630 58th St. N #101 STREET ADDRESS CITY-ST-ZIF CLEARWATER FL 33760 City-ST-ZIP 33760 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE TITLE Change Detere ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 reports true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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 by raddress, with all other like empowered.

EUNIBED

SIGNATURE:

FILED

727)538-4145