

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90073 024 ***150.00

DOCUMENT # P96000098786

1. Entity Name
PAYROLL SYSTEMS INC.



Principal Place of Business
**7014 STANDING PINES LN
TALLAHASSEE FL 32312**

Mailing Address
**7014 STANDING PINES LN
TALLAHASSEE FL 32312**

2. Principal Place of Business

5034 Mint Hill Court

3. Mailing Address

5034 Mint Hill Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

32309

Zip

Country

32309

4. FEI Number

59-3424705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUCHEMIN, CLAIRE A P.A.
1834 HERMITAGE BLVD
UNIT 201
TALLAHASSEE FL 32308**

Name

TERRELL MADIGAN

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

McFARLAN & CASSIDY

P.O. Box 2174 305 S. Gadsden St.

City

Tallahassee

FL

Zip Code

32304

7. Name and Address of New Registered Agent

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)*
Signature, typed or printed name of registered agent and title if applicable.

(Terrell C. Madigan)

2/10/03
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

TITLE **P** ☐ Delete
NAME **TERHUNE, CECIL**
STREET ADDRESS **7014 STANDING PINES LN**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **VP** ☒ Delete
NAME **TERHUNE, JOAN H**
STREET ADDRESS **7014 STANDING PINES LN**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5034 Mint Hill Ct.**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Cecil Terhune 2-24-03 850-893-3181
Date Daytime Phone #

CR2E034 (10/02)