

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000012627****1. Entity Name**

PAYDAY NOW OF FLORIDA, INC.

Principal Place of Business

8520 4TH ST NORTH

ST PETERSBURG
33702

FL

Mailing Address

8520 4TH ST NORTH

ST PETERSBURG
33702

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

8113 ULMERTON ROAD

Suite, Apt. #, etc.

City & State**City & State**

LARGO

FL

Zip**Country****Zip****Country**

337713945

US

4. FEI Number**59-3430015****Applied For****Not Applicable****5. Certificate of Status Desired**☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

BORER PETER F

8520 4TH ST NORTH

ST PETERSBURG

33702

FL

7. Name and Address of New Registered Agent**Name**

BORER PETER F

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

8113 ULMERTON ROAD

City

LARGO

FL**Zip Code**

337713945

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 PETER F. BORER**

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

(NOTE: Registered Agent signature required when reinstating)

04/09/2000

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**

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33702	<input type="checkbox"/> Delete
		BORER PETER F	8520 4TH ST NORTH	ST PETERSBURG	FL	33702	<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33702	<input type="checkbox"/> Delete
		LANG LARRY F	8520 4TH ST NORTH	ST PETERSBURG	FL	33702	<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33702	<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

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							<input type="checkbox"/> Delete

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							<input type="checkbox"/> Delete

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33702	<input type="checkbox"/> Delete
							<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	337713945	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		BORER PETER F	8113 ULMERTON ROAD	LARGO	FL	337713945	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	337713945	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		LANG LARRY F	8113 ULMERTON ROAD	LARGO	FL	337713945	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

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							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:** Peter F. Borer**D:** 04/09/2000