## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2000 08:00 AM DOCUMENT # P97000022479 1. Entity Name **Secretary of State** PAYDAY NOW, INC. Principal Place of Business Mailing Address 2930 S FLORIDA AVE 2930 S FLORIDA AVE LAKELAND FL LAKELAND FL 33881 33881 US 2. Principal Place of Business 3. Mailing Address 8520 4TH ST. N. 8113 ULMERTON ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ST. PETERSBURG FL LARGO FL 59-3434164 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 337023102 337713945 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORER BORER PETER 2930 S FLORDIA AVE Street Address (P.O. Box Number is Not Acceptable) 8113 ULMERTON ROAD LAKELAND FL 33881 City Zip Code LARGO 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. 04/09/2000 PETER F. BORER Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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. TITLE D Delete TITLE X Change ☐ Addition BORER PETER NAME BORER PETER STREET ADDRESS 2930 S FLORIDA AVE STREET ADDRESS 8113 ULMERTON ROAD CITY-ST-ZIP LAKELAND 33881 CITY-ST-ZIP LARGO 337713945 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME LANG LARRY LANG LARRY STREET ADDRESS 2930 S FLORIDA AVE STREET ACCRESS 8113 ULMERTON ROAD CITY-ST-ZIF LAKELAND FL. 33881 CITY-ST-718 LARGO FT. 337713945 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED