

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000034477**1. Entity Name
PAYNE, SANDERS, AND ASSOCIATES, INC.

Principal Place of Business

826 LOGGERHEAD STREET

SUGARLOAF KEY
33042

FL

Mailing Address

826 LOGGERHEAD STREET

SUGARLOAF KEY
33042

FL

2. Principal Place of Business
12 DIAMOND DRIVE3. Mailing Address
12 DIAMOND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BIG COPPITT KEY

FL

City & State

KEY WEST

FL

4. FEI Number

65-0954534

Applied For

Not Applicable

Zip
33040

Country

Zip
33040

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GODDARD TOM
826 LOGGERHEAD STREETSUGARLOAF KEY
33042

FL

7. Name and Address of New Registered Agent

Name

GODDARD TOM

Street Address (P.O. Box Number is Not Acceptable)
12 DIAMOND DRIVECity
KEY WEST

FL

Zip Code
33040

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)

03/28/2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GODDARD KARIN
826 LOGGERHEAD ST
SUGARLOAF KEY FL 33042 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GODDARD TOM
826 LOGGERHEAD ST
SUGARLOAF KEY FL 33042 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PAYNE TOMMY D
826 LOGGERHEAD STREET
SUGARLOAF KEY FL 33042 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GODDARD KARIN
12 DIAMOND DRIVE
KEY WEST FL 33040 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GODDARD TOM
12 DIAMOND DRIVE
KEY WEST FL 33040 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PAYNE TOMMY D
12 DIAMOND DRIVE
KEY WEST FL 33040 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: tom goddard

vd

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)