

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083283

1. Entity Name

MCPAYROLL & MORE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90136 024 ***150.00

Principal Place of Business

Mailing Address

1369 MERRIMAC AVE.
MARCO ISLAND FL 34145

1369 MERRIMAC AVE.
MARCO ISLAND FL 34145-3927

2. Principal Place of Business

950 N. COLLIER BLVD

3. Mailing Address

PO Box 1242

Suite, Apt. #, etc.

419

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island, FL

4. FEI Number

59-3468794

Applied For

Not Applicable

Zip

Country

34145-

USA

Zip

Country

34146

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERING, STACY
1369 MERRIMAC AVE.
MARCO ISLAND FL 34145

Name

Stacy Hering

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

950 N. COLLIER BLVD Suite 419

City

Marco Island

FL

Zip Code

34145

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

Stacy Hering

STACY HERING

4/19/2000

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
HERING, STACY
1369 MERRIMAC AVE.
MARCO ISLAND FL 34145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
950 N. COLLIER BLVD Suite 419
Marco Island, FL 34145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
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:

Stacy Hering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000

Date

941-381-8800

Daytime Phone #

CR2E034 (9/99)