

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90303 036 ***150.00

DOCUMENT # P97000088230

1. Entity Name
PAYCHEX ADMINISTRATIVE SERVICES, INC.

Principal Place of Business
**10105 NINTH STREET NORTH
ST PETERSBURG FL 33716**

Mailing Address
**D911 PANORAMA TR S
ROCHESTER NY 14625
US**

2. Principal Place of Business

3. Mailing Address

911 PANORAMA TRAIL SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ROCHESTER NY

4. FEI Number

59-3480133

Applied For

Not Applicable

Zip

Country

Zip

Country

14625

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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)

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, 2002 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
DST. ☐ Delete
NAME
MORPHY, JOHN
STREET ADDRESS
911 PANORAMA TRAIL SOUTH
CITY-ST-ZIP
ROCHESTER NY 14625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
P
STREET ADDRESS
HILL, CRAIG
CITY-ST-ZIP
**1010 S 9TH STREET NORTH
SAINT PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
VP
STREET ADDRESS
TORTORELLA, ANTHONY
CITY-ST-ZIP
**911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MORPHY

4/4/02

Date

385-385-6666

Daytime Phone #

CR2E034(9/01)