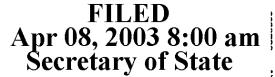
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P97000088831



1. Entity Name PAYNE SERVICES, INC.						04-0	)8-2003 9009	95 048 ***150	0.00	
Principal Place of Business 719 WINFRED PLACE ORANGE PARK FL 32073			Mailing Address 719 WINFRED PLACE ORANGE PARK FL 32073							
2. Principal P	lace of Busir	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3475280 Applied For Not Applica				
Zip Country		Zip	Coun	itry	5. Certificate of Status I	Desired 🗀	S8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent	egistered Agent			7. Name and Address of New Registered Agent			
Na										
PAYNE, JO		and the second	متناعيشت واستعبب ما	Street Address		(P.O. Box Number is Not Ac	cceptable)	-		
	RED PLACE Park fl 32									
					City	FL Zip Code				
	named entitions of regist		r the purpose of chan	ging its register	ed office or regist	ered agent, or both, in the S	tate of Florida. I	am familiar with, a	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature requir	ed when reinstating)	D#	NTE		
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 Florida Department of	State			9. Election Cam Trust Fund C	npaign Financing ontribution.	, +	May Be to Fees	
10.%		, OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DYCE A RED PLACE PARK FL 32073	□ Dele	NAM STRE	1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ANIEL D RED PLACE PARK FL 32073	☐ Dele	NAM STRE	I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A. and the second	☐ Dele	NAM STRE	I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dele	te Title NAM Stre	E			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dele	te title Nam Stre				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Detet	NAM STRE	l l			☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: