

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026971

1. Entity Name

PAYDAY SYSTEMS INC.

FILED

00 MAR -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

98 MIRACLE STRIP PKWY. SE. STE. 211
FORT WALTON BEACH FL 32548

98 MIRACLE STRIP PKWY. SE. STE. 211
FORT WALTON BEACH FL 32548-5876

2. Principal Place of Business

98 Miracle Strip PKWY SE
Suite, Apt. #, etc.
STE 102

3. Mailing Address

98 miracle Strip PKWY SE
Suite, Apt. #, etc.
STE 102

City & State

Ft. Walton Beach, FL

City & State

Ft. Walton Beach, FL

Zip
32548

Country
OKA100SA

Zip
32548

Country
OKA100SA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3502749

Applied For

Not Applicable

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

PATTERSON, WILLIAM A
120 CHICAGO AVE. S.E.
FORT WALTON BEACH FL 32548

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, 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 D ☐ Delete
NAME PATTERSON, WILLIAM A
STREET ADDRESS 37 PRYOR ROAD SE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200003161152--6
CITY-ST-ZIP -03/07/00--01037--004

TITLE VP ☐ Delete
NAME YAEGER, GENE J
STREET ADDRESS 312 SE ELLIOTT RD
CITY-ST-ZIP FT WALTON BCH FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ***158.75
CITY-ST-ZIP ***158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Gene J. Yaeger, VP 2-17-2000 850 301 0866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ34 (9/9/01)