

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90079 041 ***158.75

DOCUMENT # P98000026971

1. Entity Name
PAYDAY SYSTEMS INC.



Principal Place of Business
98 MIRACLE STRIP PKWY. SE
STE 102
FT. WALTON BEACH FL 32548

Mailing Address
98 MIRACLE STRIP PKWY. SE
STE 102
FT. WALTON BEACH FL 32548

2. Principal Place of Business
10 NE EGLIN PKWY
Suite, Apt. #, etc.

3. Mailing Address
10 NE EGLIN PKWY
Suite, Apt. #, etc.

City & State
FT. Walton Beach, FL
Zip
32548
Country
U.S.A.

City & State
FT. Walton Beach, FL
Zip
32548
Country
U.S.A.

4. FEI Number **59-3502749**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

YUEGER, GENE J
312 SE ELLIOTT RD
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name **GENE J. YAEGER**
Street Address (P.O. Box Number is Not Acceptable)
312 SE ELLIOTT Rd
City **FT. Walton Beach** **FL** **Zip Code** **32548**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gene J. Yeager* **Gene J. Yeager** **1-20-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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

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: *Gene J. Yeager* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-20-03

Date

850 361 9090

Daytime Phone #

CR2E034 (10/02)