

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90067 006 ***150.00

DOCUMENT # P98000058259

1. Entity Name

PAY-RITE LOGISTICS, INC.

Principal Place of Business

**510 FERN AVE. NE
 PALM BAY FL 32907**

Mailing Address

**PO BOX 100161
 PALM BAY FL 32910**

2. Principal Place of Business

3. Mailing Address

111 Enterprise Ave SE
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Bay FL

Zip

Country

Zip

Country

32909

USA

4. FEI Number

59-3524247

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

**ELDRIDGE, KATHRYN B
 510 FERN AVE, NE
 PALM BAY FL 32907**

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

Kathryn Eldridge - Kathryn Eldridge

4-22-02

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 **DPST** ☐ Delete
 NAME **ELDRIDGE, KATHRYN**
 STREET ADDRESS **510 FERN AVE. NE**
 CITY-ST-ZIP **PALM BAY FL 32907**

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

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:

Kathryn Eldridge - Kathryn Eldridge

Date

Daytime Phone #

4-22-02
321-726
6712

CR2E034 (9/01)