

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107154

1. Entity Name

AZTEC SYSTEMS CORPORATION

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90125 037 \*\*\*150.00

Principal Place of Business

Mailing Address

11100 5TH STREET EAST  
TREASURE ISLAND FL 33706

11100 5TH STREET EAST  
TREASURE ISLAND FL 33706-3003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3550694

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAYNE, PAUL R  
11100 5TH STREET EAST  
TREASURE ISLAND FL 33706

Name

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

City

FL

Zip Code

8. The above named entity is submitting 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

TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	<del>PAUL R. PAYNE</del>	
STREET ADDRESS	<del>11100 5TH STREET EAST</del>	
CITY-ST-ZIP	<del>TREASURE ISLAND, FL 33706</del>	
TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> Delete
NAME	<del>SHARON A. PAYNE</del>	
STREET ADDRESS	<del>11100 5TH STREET EAST</del>	
CITY-ST-ZIP	<del>TREASURE ISLAND, FL 33706</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL R. PAYNE	
STREET ADDRESS	11100 5TH STREET EAST	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON A. PAYNE	
STREET ADDRESS	11100 5TH STREET EAST	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*PAUL R. PAYNE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 APR 00

Date

727-562-5160

Daytime Phone #

CR2E034 (9/99)