

2000 UNIFORM BUSINESS REPORT (UBR)

5/26/00

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-26-2000 90121 034 ***158.75

DOCUMENT # P99000018748

1. Entity Name

PAYCOM MARKETING, INC.

Principal Place of Business

Mailing Address

**5 CAMELIA STREET
GULF BREEZE FL 32561**

**5 CAMELIA STREET
GULF BREEZE FL 32561-4223**

2. Principal Place of Business

3. Mailing Address

5 CAMELIA ST

5 CAMELIA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GULF BREEZE, FL

GULF BREEZE, FL

Zip **32561**

Country

Zip **32561**

Country

4. FEI Number

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

**CECIL, ROWAN B
5 CAMELIA STREET
GULF BREEZE FL 32561**

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 ☐ Delete
NAME **PRESIDENT ROWAN B. CECIL**
STREET ADDRESS **5 CAMELIA ST**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 850-972-1363

CR2E034 (9/99)