

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019390

1. Entity Name
E-Z PAYDAY INC.

Principal Place of Business
1002 20TH PLACE
VERO BEACH FL 32960
US

Mailing Address
1002 20TH PLACE
VERO BEACH FL 32960
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

POSAVEC, MIROSLAV
564 29TH AVE SW
VERO BEACH FL 32968

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

Miroslav Posavec V.P. 1-4-2002

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

TITLE D
NAME POSAVEC, MIROSLAV
STREET ADDRESS 564 29TH AVE SW
CITY-ST-ZIP VERO BEACH FL 32968

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GIAMBONG, DOMINIC
STREET ADDRESS 150 BANYON ISLE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miroslav Posavec V.P.

1-4-2002

Date

564 29TH AVE SW

012476 AV

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90005 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)