

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029846

1. Entity Name
THE PAYROLL DEPARTMENT, INC.

03-14-2001 90471 008 ****17.50
P99000029846

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 14 AM 8:54



03-14-01 90471 007 300.00 150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business 2383 SOUTH TAMiami TRAIL #D VENICE FL 34293	Mailing Address 9223 BENSONHURST LN ENGLEWOOD FL 34224
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2. Principal Place of Business 411 COMMERCIAL CT Suite, Apt. #, etc. SUITE D City & State VENICE FL Zip 34292	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0923680	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent UNGER, RICKY C 9223 BENSONHURST LANE ENGLEWOOD FL 34224	7. Name and Address of New Registered Agent Name KATHLEEN M. UNGER Street Address (P.O. Box Number is Not Acceptable) 9223 BENSONHURST LANE City ENGLEWOOD, FL Zip Code 34224
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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: (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P UNGER, RICKY C 9223 BENSONHURST LN ENGLEWOOD FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE-PRES, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT, SECRETARY KATHLEEN M. UNGER 9223 BENSONHURST LN ENGLEWOOD, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: _____ DAYTIME PHONE: _____

CR2E034 (10/00)