

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90081 002 ***150.00

DOCUMENT # P99000033547

1. Entity Name
PAYTECH, INC.

Principal Place of Business 3001 W TENNESSEE ST TALLAHASSEE FL 32304 US	Mailing Address PO BOX 20438 TALLAHASSEE FL 32316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3583620		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANAUSA, DANIEL E
 3520 THOMASVILLE RD., 4TH FLOOR
 TALLAHASSEE FL 32308**

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D KASPER, ROBERT L 2626 W. TENNESSEE ST. TALLAHASSEE FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kasper Robert L. P.O. Box 20438 Tallahassee, Fl. 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASPER, ADAM J 2626 W. TENNESSEE ST. TALLAHASSEE FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kasper, Adam J. P.O. Box 20438 Tallahassee, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASPER, JOSH D 2626 W. TENNESSEE ST. TALLAHASSEE FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kasper, Josh D. P.O. Box 20438 Tallahassee Fl 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Josh Kasper*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 850-867-4132
 Date Daytime Phone #

CR2E034 (10/00)