

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111794

1. Entity Name

CHOICE PAYROLL SYSTEMS, INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90078 040 \*\*\*150.00

Principal Place of Business

Mailing Address

12360 66TH STREET NORTH  
LARGO FL 33770

12360 66TH STREET NORTH  
LARGO FL 33770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-361 2168

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

CRAWFORD, ROBERT M  
12360 66TH STREET NORTH  
LARGO FL 33770

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ZINACH, MICHAEL	
STREET ADDRESS	11428-2 2ND STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEGTERS, JANICE	
STREET ADDRESS	4567 BARTON DRIVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, STRATON	
STREET ADDRESS	1413 LAKE CYPRESS DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUDSON, KELLY	
STREET ADDRESS	3502 18TH AVENUE DRIVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BECKER, BARBARA	
STREET ADDRESS	1413 LAKE CYPRESS DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRAWFORD, ROBERT M	
STREET ADDRESS	7100 ULMERTON, #332	
CITY-ST-ZIP	LARGO FL 33771	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGTERS, JANICE	
STREET ADDRESS	4567 BARTON DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice Legters

Date

4/11/00

Daytime Phone #

(787) 524-9806

CR2E034 (9/99)