

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90049 043 ***150.00

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DOCUMENT # V03092
 1. Entity Name
RICHARD W. PAYANT, P.A.

Principal Place of Business 2651 MCCORMICK DRIVE SUITE 200 CLEARWATER FL 33759	Mailing Address 2651 MCCORMICK DRIVE SUITE 200 CLEARWATER FL 33759
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2. Principal Place of Business 2723 Belle Haven Dr. Suite, Apt. #, etc.	3. Mailing Address 2723 Belle Haven Dr. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number 59-3098377	Applied For <input type="checkbox"/> Not Applicable
Zip 33763	Country USA	Zip 33763	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**PAYANT, RICHARD W.
 2651 MCCORMICK DRIVE
 SUITE 200
 CLEARWATER FL 34619**

7. Name and Address of New Registered Agent

Name Richard W. Payant, Esq.
Street Address (P.O. Box Number is Not Acceptable) 2723 Belle Haven Drive
City Clearwater
State FL
Zip Code 33763

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: *Richard W. Payant, Esq. as its President* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PAYANT, RICHARD W. 2651 MCCORMICK DR #200 CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 2723 Belle Haven Dr Clearwater, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 officers empowered.

SIGNATURE: *Richard W. Payant, Esq. as its President* DATE: _____ DAYTIME PHONE #: 727-796-3611
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)