

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # V04038**1. Entity Name  
**WILLIAM D. PAYNE, EA & ASSOCIATES, INC.****Principal Place of Business**301 E LAS OLAS BLVD  
SUITE 210-D  
FT. LAUDERDALE  
33301

FL

US

**Mailing Address**301 E LAS OLAS BLVD  
SUITE 210-D  
FT. LAUDERDALE  
33301

FL

US

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0301954**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**PAYNE, WILLIAM D.  
301 E LAS OLAS BLVD  
SUITE 210-D  
FT. LAUDERDALE  
33301

FL

US

**7. Name and Address of New Registered Agent**

Name

PAYNE WILLIAM DEA

Street Address (P.O. Box Number is Not Acceptable)

301 E LAS OLAS BLVD

SUITE 210-D

City

FT. LAUDERDALE

FL

Zip Code  
33301

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 **WILLIAM D. PAYNE, EA****03/05/2001**

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, 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 PVTs ☐ Delete  
NAME PAYNE WILLIAM D  
STREET ADDRESS 301 E LAS OLAS BLVD, SUITE 210-D  
CITY-ST-ZIP FT LAUDERDALE FL 33301TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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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:** William D. Payne

PVTs

03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)