

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23669

1. Entity Name

PAY DAY FINANCE INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90271 025 ***158.75

Principal Place of Business

17630 US HWY 41 NORTH
LUTZ FL 33549
US

Mailing Address

17630 US HWY 41 NORTH
LUTZ FL 33549-4572
US

2. Principal Place of Business

17630 US Hwy 41 North

3. Mailing Address

17630 US Hwy 41 North

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33549

Country

Hillsborough

Zip

33549

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3122228

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARDEGNA, ROBERT L
17630 US 41 N
LUTZ FL 33549

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 **P** ☐ Delete
NAME **SARDEGNA, ROBERT L**
STREET ADDRESS **17630 US 41 NORTH**
CITY-ST-ZIP **LUTZ FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **VALENTI, JOHN S**
STREET ADDRESS **17630 US 41 NORTH**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)