

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42081

1. Entity Name
LOPAY, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90153 014 ***150.00

Principal Place of Business
2591 N. FORSYTH ROAD
E
ORLANDO FL 32807
US

Mailing Address
2591 N. FORSYTH RD
STE E
ORLANDO FL 32807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3128220**
Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

PAYTON, MARY G.
346 MOFFAT LOOP
OVIEDO FL 32765

7. Name and Address of New Registered Agent
Name
LARRY O. PAYTON
Street Address (P.O. Box Number is Not Acceptable)
346 MOFFAT LOOP
City OVIEDO FL Zip Code 32765

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 LARRY O. PAYTON Larry O. Payton 1/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when constituting) 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	PD PAYTON, MARY G 346 MOFFAT LOOP OVIEDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARRY O. PAYTON 346 MOFFAT LOOP OVIEDO, FL. 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: Larry O. Payton LARRY O. PAYTON 1/17/01 (407) 657-9392
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)