

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000009621**

1. Entity Name

SMART PAYROLL SOLUTIONS III, INC.**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90109 028 ***150.00

Principal Place of Business

Mailing Address

**2667 MALL DRIVE
SARASOTA FL 34231****2667 MALL DRIVE
SARASOTA FL 34231-5941**

2. Principal Place of Business

3. Mailing Address

12734 Kenwood Lane**12734 Kenwood Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4**Suite 4**

City & State

City & State

Ft. Myers, Fl**Ft. Myers, Fl**

4. FEI Number

65-0635772

Applied For

Not Applicable

Zip

Country

33907**Lee**

Zip

Country

33907**Lee**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

**INGRATI, CARMELA
2667 MALL DRIVE
SARASOTA FL**

Name

Martha M. Lambert

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

12734 Kenwood Lane S**Suite 4**

City

Ft. Myers**FL**

Zip Code

33907

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

**Martha M. Lambert****2/22/00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input checked="" type="checkbox"/>		P			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	INGRATI, CARMELA	1522 OAK WAY	SARASOTA FL 34232			Thomas W. Lambert	12734 Kenwood Lane, Suite 4	Ft. Myers, Fl 33907		
				<input type="checkbox"/>		S			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Martha M. Lambert	12734 Kenwood Lane, Suite 4	Ft. Myers, Fl 33907						<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Thomas W. Lambert**2/22/00**

Date

Daytime Phone #