

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90005 007 ***150.00

DOCUMENT # P96000022956

1. Entity Name
STELLAR HUMAN RESOURCE & PAYROLL SYSTEMS, INC.

Principal Place of Business 455 LONGBOAT CLUB ROAD, UNIT 305 LONGBOAT KEY FL 34228	Mailing Address PO BOX 48813 SARASOTA FL 34228-9141 US
---	--

2. Principal Place of Business S31 HARBOR COVE CIRCLE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 9141 Suite, Apt. #, etc.
--	---



DO NOT WRITE IN THIS SPACE

City & State LONGBOAT KEY FL	City & State LONGBOAT KEY FL	4. FEI Number 65-0667879	Applied For <input type="checkbox"/> Not Applicable
Zip 34228	Country SARASOTA	Zip 34228	Country SARASOTA

6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE GORAL GABLES FL 33134	7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	PTD GREEN, CAROL B 455 LONGBOAT CLUB ROAD, UNIT 305 LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 531 HARBOR COVE CIRCLE LONGBOAT KEY FL. 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, JAMES D 455 LONGBOAT CLUB ROAD, UNIT 305 LONGBOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 531 HARBOR COVE CIRCLE LONGBOAT KEY, FL. 34228
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
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
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
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: **CAROL B GREEN** *Carol B Green* **2-16-2000** **741 387 8240**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)