

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000009226****1. Entity Name****ELECTRONIC TIME AND ATTENDANCE, INCORPORATED****Principal Place of Business**3159 LOFTON SQUARE CT
STE 4
YULEE
32097

FL

Mailing AddressP O BOX 2049
YULEE
32041

FL

2. Principal Place of Business

3159 LOFTON SQUARE CT

3. Mailing AddressSuite, Apt. #, etc.
STE 400

Suite, Apt. #, etc.

City & State

YULEE FL

City & State

YULEE FL

4. FEI Number**59-3489975****Applied For****Not Applicable**Zip
32097

Country

Zip

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BURNETT STEVE
3154-4 LOFTON SQUARE CTYULEE
32097

FL

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

BURNETT STEVE

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

3159 LOFTON SQUARE CT

STE 400

City
YULEE

FL

Zip Code
32097**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)

03/15/2000

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	TOMPKINS BRANDE	1462 STEVENS RD	FERNANDINA BCH FL 32034	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	BURNETT STEVE	15327 CAPE DR. SOUTH	JACKSONVILLE FL 32226	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change	<input type="checkbox"/> Addition

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"/> Change	<input type="checkbox"/> Addition

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"/> 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:** Steve Burnett

03/15/2000