

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009226

1. Entity Name

ELECTRONIC TIME AND ATTENDANCE, INCORPORATED

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90314 009 \*\*\*150.00

Principal Place of Business

3159 LOFTON SQUARE CT  
STE 400  
YULEE FL 32097

Mailing Address

P O BOX 2049  
YULEE FL 32041

2. Principal Place of Business

3159 LOFTON SQUARE CT

Suite, Apt. #, etc.

STE 400

City & State

Yulee FL

Zip

32097

Country

USA

3. Mailing Address

3159 LOFTON SQUARE CT

Suite, Apt. #, etc.

STE 400

City & State

Yulee FL

Zip

32097

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3489975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURNETT, STEVE  
3159 LOFTON SQUARE CT  
STE 400  
YULEE FL 32097

7. Name and Address of New Registered Agent

Name

STEVE BURNETT

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

3159 LOFTON SQUARE CT

Suite, Apt. #, etc.

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

*Steve Burnett*

3/26/01

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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*Steve Burnett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/01

Daytime Phone #

904-321-1750

CR2E034 (10/00)

0447925