

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07595

1. Entity Name

SMART PAYROLL SOLUTIONS II, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90082 029 ***150.00

C0029172



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6608 WOOD MEADOW LOOP BRADENTON FL 34202		Mailing Address 6608 WOOD MEADOW LOOP BRADENTON FL 34202-9633	
2. Principal Place of Business 12734 Kenwood Lane Suite, Apt. #, etc. Suite 4 City & State Ft. Myers, Fl Zip 33907		3. Mailing Address 12734 Kenwood Lane Suite, Apt. #, etc. Suite 4 City & State Ft. Myers, Fl Zip 33907	
Country Lee		Country Lee	
4. FEI Number 65-0307019		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUTHERLAND, LAWRENCE R. 6608 WOOD MEADOW LOOP BRADENTON FL 34202		7. Name and Address of New Registered Agent Name Martha M. Lambert Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane, 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 <i>Martha M. Lambert</i> Martha M. Lambert 2/22/00 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <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 D SUTHERLAND, LAWRENCE R. 6608 WOOD MEADOW LOOP BRADENTON FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP P Thomas W. Lambert 12734 Kenwood Lane, Suite 4 Ft. Myers, Fl 33907 <input checked="" 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 S Martha M. Lambert 12734 Kenwood Lane, Suite 4 Ft. Myers, Fl 33907 <input type="checkbox"/> Change <input checked="" 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	
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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 lines empowered. SIGNATURE: <i>Thomas W. Lambert</i> Thomas W. Lambert 2/23/00 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (9/99)