

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34049

1. Entity Name

COMPUTERIZED BOOKKEEPING & PAYROLL SERVICES, INC

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90270 017 ***150.00

Principal Place of Business

929 NAVARRE AVE. # 103
CORAL GABLES FL 33134

Mailing Address

323 NAVARRE AVE. # 103
CORAL GABLES FL 33134

2. Principal Place of Business

5257 Avenida Del Mar
Suite, Apt. #, etc.

3. Mailing Address

5257 Avenida Del Mar
Suite, Apt. #, etc.

City & State
Sarasota

City & State
FL, SARASOTA

4. FEI Number 65-0335462

Applied For
Not Applicable

Zip Country
34242

Zip Country
34242

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

SEDLAR, JO ANN
923 NAVARRE AVE. # 103
CORAL GABLES FL 33134

Name SEDLAR, JO ANN
Street Address (P.O. Box Number is Not Acceptable)
5257 Avenida Del Mar
City Sarasota FL Zip Code 34242

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)

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 P
NAME SEDLAR, JO ANN
STREET ADDRESS 323 NAVARRE AVE. # 103
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

941-312-0299