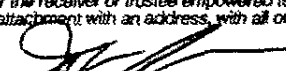


FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V34049 1. Entity Name COMPUTERIZED BOOKKEEPING & PAYROLL SERVICES, INC.				May 03, 2004 08:00 Secretary of State	
Principal Place of Business 5257 AVERIDA DEL MARE SARASOTA, FL 34242		Mailing Address 5257 AVERIDA DEL MARE SARASOTA, FL 34242			
DO NOT WRITE IN THIS SPACE					
				04302004 No Chg-F CF2E034 (10/03)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 65-0335462	
				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEDLAR, JO ANN 5257 AVERIDA DEL MARE SARASOTA, FL 34242				DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE	P				
NAME	SEDLAR, JO ANN				
STREET ADDRESS	5257 AVENIDE DEL MARE ST				
CITY - ST - ZIP	SARASOTA, FL 34242				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				4/30/04 9413120299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	