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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90819 023 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80102453

DOCUMENT #V34049

1. Entity Name
COMPUTERIZED BOOKKEEPING & PAYROLL SERVICES, INC.

Principal Place of Business	Mailing Address
5257 AVENIDA DEL MARIE SARASOTA, FL 34242	5257 AVENIDA DEL MARIE SARASOTA, FL 34242

2. Principal Place of Business	3. Mailing Address
5257 Avenida Del Mare	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State
Zip: 34242 / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0335462 ☐ Applied For ☐ Not Applicable

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 5257 AVERIDA DEL MARE SARASOTA, FL 34242	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 [illegible] 4/28/03
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEDLAR, JO ANN 5257 AVENIDE DEL MARE ST SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 941 312-0299 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #