

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 590454

1. Entity Name

A-1 PROFESSIONAL EMPLOYER, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90089 031 ***150.00

Principal Place of Business 10002 PRINCESS PALM AVE STE #304 TAMPA FL 33619 US	Mailing Address 10002 PRINCESS PALM AVE STE #304 TAMPA FL 33619-8371 US
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2. Principal Place of Business 3829 Coconut Palm Drive Suite, Apt. #, etc.	3. Mailing Address 3829 Coconut Palm Drive Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL	4. FEI Number 59-1852300	Applied For <input type="checkbox"/> Not Applicable
Zip 33619	Country Hillsborough	Zip 33619	Country Hillsborough



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HARRINGTON JR, THOMAS D 10002 PRINCESS PALM AVE STE #304 TAMPA FL 33619	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3829 Coconut Palm Drive City Tampa FL Zip Code 33619
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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 _____ (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) <input type="checkbox"/>	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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PDCS KLINGHOFFER, MEL 4604 CLARKSDALE LANE BRANDON FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input 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 <input 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 <input 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 <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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000 813-620-1661
Date Daytime Phone #

CR2E034 (9/99)