

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90049 009 ***150.00

DOCUMENT # P98000003589

1. Entity Name
PROFESSIONAL EMPLOYERS GROUP THREE, INC.

Principal Place of Business 339 6TH AVENUE WEST BRADENTON FL 34205	Mailing Address 339 6TH AVENUE WEST BRADENTON FL 34205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1301 6th Avenue W. Suite, Apt. #, etc. 200 City & State Bradenton, FL Zip 34205	Country USA	3. Mailing Address 1301 6th Avenue W. Suite, Apt. #, etc. 200 City & State Bradenton, FL Zip 34205	Country USA
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4. FEI Number 65-0804804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DORRIS, VIRGINIA A 339 6TH AVENUE WEST BRADENTON FL 34205	7. Name and Address of New Registered Agent Name R. Ted Nipper Street Address (P.O. Box Number is Not Acceptable) 1301 6th Avenue W. Ste. 200 City Bradenton FL Zip Code 34205
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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 *R. Ted Nipper, V.P.* *R. Ted Nipper* DATE *4-25-01*

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 PD NAME DORRIS, VIRGINIA A STREET ADDRESS 339 6 AVE W CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete	TITLE P/D NAME William J. Mullis STREET ADDRESS 1301 6th Ave W Suite 200 CITY-ST-ZIP Bradenton, FL. 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EVPD NAME VARNADORE, BRIAN R STREET ADDRESS 339 6 AVE W CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete	TITLE V T D NAME David A. Varnadore STREET ADDRESS 1301 6th Ave W. Suite 200 CITY-ST-ZIP Bradenton FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME RATH, DORRIS A STREET ADDRESS 339 6TH AVE W CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete	TITLE V D NAME Everett Southwick STREET ADDRESS 1301 6th Ave W. Suite 200 CITY-ST-ZIP Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME WILLIAMS, WALTER STREET ADDRESS 3561 SILVERY LN CITY-ST-ZIP JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Delete	TITLE V NAME Robert W. Kelly STREET ADDRESS 1301 6th Avenue W. Suite 200 CITY-ST-ZIP Bradenton FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCD NAME VARNADORE, DON STREET ADDRESS 1301 6TH AVE W # 600 CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete	TITLE V NAME Brian R. Varnadore STREET ADDRESS 1301 6th Ave W Suite 200 CITY-ST-ZIP Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HAWTHORNE, WILLIAM JR STREET ADDRESS 1301 6TH AVE W # 600 CITY-ST-ZIP BRADENTON FL 34205	<input checked="" type="checkbox"/> Delete	TITLE V S. NAME R. Ted Nipper STREET ADDRESS 1301 6th Ave W Suite 200 CITY-ST-ZIP Bradenton, FL 34205	<input checked="" 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: *R. Ted Nipper, V.P.* DATE: *4/25/01* DAYTIME PHONE: *941-746-6567*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)