

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**May 23, 2001 8:00 am
Secretary of State**

05-23-2001 91163 008 ***150.00

DOCUMENT # P98000003597
1. Entity Name
PROFESSIONAL EMPLOYERS GROUP TWO, INC.

Principal Place of Business
*339 6th Ave. W.
BRADENTON, FL
34205*

Mailing Address
*339 6th Ave. W.
BRADENTON, FL
34205*

2. Principal Place of Business
1301 6th AVENUE WEST

3. Mailing Address
1301 6th AVENUE WEST

Suite, Apt. #, etc.
200

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34205

Country
USA

Zip
34205

Country
USA

4. FEI Number
65-0814073

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

770994

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
*DORRIS, VIRGINIA A.
339 6th Ave. W.
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 WEST

Suite
200

City
BRADENTON

State
FL

Zip Code
34205

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* *4/25/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <i>PD</i>	<i>DORRIS, VIRGINIA</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>339 6th Ave. W.</i>	
STREET ADDRESS	<i>BRADENTON, FL</i>	
CITY-ST-ZIP		
TITLE <i>SD</i>	<i>RATH, DORRIS</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>339 6th Ave. W.</i>	
STREET ADDRESS	<i>BRADENTON, FL</i>	
CITY-ST-ZIP		
TITLE <i>EVP</i>	<i>VARNADEORE, BRIAN</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>339 6th Ave. W.</i>	
STREET ADDRESS	<i>BRADENTON, FL</i>	
CITY-ST-ZIP		
TITLE <i>CD</i>	<i>WILLIAMS, WALTER</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>3561 SILVERY LN</i>	
STREET ADDRESS	<i>JACKSONVILLE, FL</i>	
CITY-ST-ZIP		
TITLE <i>VCD</i>	<i>VARNADEORE, DON</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>1301 6th Ave. W., #600</i>	
STREET ADDRESS	<i>BRADENTON, FL</i>	
CITY-ST-ZIP		
TITLE <i>TD</i>	<i>HAWTHORNE, WILLIAM JR</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>1301 6th Ave. W., #600</i>	
STREET ADDRESS	<i>BRADENTON, FL</i>	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <i>PDC</i>	<i>WILLIAM J. MULLIS</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1301 6th Ave. W. #200</i>	
STREET ADDRESS	<i>BRADENTON, FL 34205</i>	
CITY-ST-ZIP		
TITLE <i>VTD</i>	<i>DAVID A. VARNADORE</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1301 6th Ave. W. #200</i>	
STREET ADDRESS	<i>BRADENTON, FL 34205</i>	
CITY-ST-ZIP		
TITLE <i>VD</i>	<i>EVERETT SOUTHWICK</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1301 6th Ave. W. #200</i>	
STREET ADDRESS	<i>BRADENTON, FL 34205</i>	
CITY-ST-ZIP		
TITLE <i>V</i>	<i>ROBERT W. KELLY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1301 6th Ave. W. #200</i>	
STREET ADDRESS	<i>BRADENTON, FL 34205</i>	
CITY-ST-ZIP		
TITLE <i>V</i>	<i>BRIAN R. VARNADORE</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1301 6th Ave. W. #200</i>	
STREET ADDRESS	<i>BRADENTON, FL 34205</i>	
CITY-ST-ZIP		
TITLE <i>VS</i>	<i>R. Ted Nipper</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>1301 6th Ave. W. #200</i>	
STREET ADDRESS	<i>BRADENTON, FL 34205</i>	
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: *R. Ted Nipper, V.P.* *R. Ted Nipper* *4/25/01* *94-746-6567*

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

CR2E034 (1/1/00)