

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90163 015 \*\*\*150.00

**DOCUMENT # P98000003597**



1. Entity Name  
**PEOPLE LEASING TWO, INC.**

**EMPLOYEE LEASING SOLUTIONS, INC.**

Principal Place of Business  
**1301 6TH AVENUE WEST  
200  
BRADENTON FL 34205**

Mailing Address  
**1301 6TH AVENUE WEST  
200  
BRADENTON FL 34205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

City & State

City & State

4. FEI Number **65-0814073**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**NIPPER, R TED  
1301 6TH AVENUE WEST  
SUITE 200  
BRADENTON FL 34205**

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<b>PDC</b>	<input type="checkbox"/> Delete
NAME	<b>MULLIS, WILLIAM J</b>	
STREET ADDRESS	<b>1301 6TH AVE W #200</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>VARNADORE, DAVID A</b>	
STREET ADDRESS	<b>1301 6TH AVE W #200</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SOUTHWICK, EVERETT</b>	
STREET ADDRESS	<b>1301 6TH AVE W #200</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, ROBERT W</b>	
STREET ADDRESS	<b>1301 6TH AV W #200</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>VARNADORE, BRIAN R</b>	
STREET ADDRESS	<b>1301 6TH AV W #200</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>NIPPER, R TED</b>	
STREET ADDRESS	<b>1301 6TH AV W #200</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richardson, C. Edward</b>	
STREET ADDRESS	<b>1310 6th Ave. W., Ste 200</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34205</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gulash, Joseph A.</b>	
STREET ADDRESS	<b>1310 6th Ave. W., Ste 200</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34205</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *William J. Mullis* **William J. Mullis** 03/11/2002 (941) 746-6567

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

CR2E034 (10/02)