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05-15-2001	90048 0	)45 ***	150.0

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QCUMENT#	P98000003896

1. Entity Name

PROFESSIONAL EMPLOYERS GROUP FOUR, INC.

Principal Place of Business

Mailing Address

339 6TH AVENUE WEST **BRADENTON FL 34205** 

339 6TH AVENUE WEST **BRADENTON FL 34205** 

venue W

A0066406

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0834133 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DORRIS, VIRGINIA A 339 6TH AVENUE WEST **BRADENTON FL 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.

and title if applicable

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

**BRADENTON FL 34205** 

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

(See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Change 💢 Delete TITLE ■ Addition DORRIS, VIRGINIA A NAME NAME oth Aue. W Soite 200 339 6 AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34705 BRADENTON FL 34205 CITY-ST-ZIP EVPD Delete Change TITLE ☐ Addition varnadore, brian r NAME NAME STREET ADDRESS 339 6 AVE W, STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TX Change Delete TITLE Addition RATH, DORRIS A NAME STREET ADDRESS 339 6TH AVE W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP CD Change TITLE Delete TITLE ☐ Addition WILLIAMS, WALTER NAME STREET ADDRESS 3561 SILVERY LANE STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL 32217 CITY-ST-ZIP VCD Delete TITL F ☐ Addition VARNADORE, DON arnadore NAME STREET ADDRESS 1301 6TH AVE W # 600 STREET ADDRESS CITY-ST-ZIF **BRADENTON FL 34205** CITY-ST-ZIP Delete TITLE HAWTHORNE, WILLIAM JR NAME 1301 6TH AVE W # 600 STREET ADDRESS STREET ADDRESS

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,

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

;R2E034 (10/00)