

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

FILED
May 27, 2002 8:00 am
Secretary of State

04-23-2002 90375 038 ***150.00
05-27-2002 90426 039 ***150.00

DOCUMENT # PA80000000167 ✓
1. Entity Name
Employee Leasing Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1301 6th Ave W</u> Suite, Apt. #, etc. <u>200</u> City & State <u>Bradenton FL</u>		3. Mailing Address <u>1301 6th Ave W</u> Suite, Apt. #, etc. <u>200</u> City & State <u>Bradenton FL</u>	
Zip <u>34205</u>	Country <u>USA</u>	Zip <u>34205</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

FEL Number <u>65-0847999</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name R. Teal Nipper
Street Address (P.O. Box Number is Not Acceptable)
1301 6th Ave W
#200
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.

SIGNATURE Robert W. Kelly [Signature] 5-1-02
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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PD</u> <u>Vannadore, David A</u> <u>1301 6th Ave W</u> <u>Bradenton, FL 34205</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VSTP</u> <u>Kelly, Robert W</u> <u>1301 6th Ave W</u> <u>Bradenton, FL 34205</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Robert W. Kelly VP 5/1/02 941-746-6562
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)