

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S23035**

1. Entity Name

**EMPLOYER LEASING SUPPORT SERVICES, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90225 034 \*\*\*150.00

Principal Place of Business	Mailing Address
INSURAMERICA RIVERSIDE AVENUE JACKSONVILLE FL 32202	% INSURAMERICA 234 RIVERSIDE AVE JACKSONVILLE FL 32202-4908 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3050880	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

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

WALTON, OTIS L.  
 290 GLEN EAGLES DR  
 ORANGE PARK FL 32073

**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.

SIGNATURE \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, KEITHC	NAME	
STREET ADDRESS	12640 MISSION HILLS CIE S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, OTIS L.	NAME	
STREET ADDRESS	290 FLENEAGLES DR.	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32703	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 4/27/00 904-332-8585  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)