

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009030**

1. Entity Name

CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION LLC

FILED

01 JUN -6 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12230 FOREST HILL BLVD., SUITE 110
WELLINGTON FL 33414

Mailing Address

12230 FOREST HILL BLVD., SUITE 110
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0969980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CUCCIA-DUCCI, SHELIA
5140 WOODLAND LAKES DRIVE
PALM BEACH GARDENS FL 33418**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**200004423962--0
-06/18/01--01023--004
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SHEILA CUCCIA-DUCCI**
STREET ADDRESS **5140 WOODLAND LAKES DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Shelia Cuccia-Ducci **4-23-01**

0014126 AF

CR2E083 (11/00)