2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719311 1. Entity Name

FLORIDA STATE CHAPTER OF INTERNATIONAL ASSOCIATI ON OF PERSONNEL IN EMPLOYMENT SECURITY

Principal Place of Business

Mailing Address

44 ATKINS BUILDING **%LIAHASSEE FL 32399-7660**

1825 SANDRA BLVD SEBRING FL 33870

Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 19530 N.E. 18 Place Suite, Apt. #, etc.
City & State	City & State

FILED Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90180 015 ****61.25

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2. Principal Place of Business 3. Mailing Address 19530 N. I							
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	=. 16 PI	306	DO NOT I	WRITE IN THIS SPAC	E Lanasi atali: 616% (166)
City & S	State	City & State No. Hiem	P ~ (4. FEI Number		Applied For
Zip	Country	Zip P(Country		59-10223 5. Certificate of Status Desire		Not Applicable 75 Additional
	6. Name and Address of Current F	Registered Agent	USA_			— Fee f	Required
<u> </u>		4	Name	e	7. Name and Address of Ne		
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	NDRA BLVD		كلُّـــا	75 30	N.E. 18 Pla	able)	
SEBRING	G FL 33870		ĺ				
			City		Miami Beach		ip Code
8. The above	ve named entity submits this statement for	the purpose of changing its	registered office	or registere	Hiami Beach	ر FL اد	p Code 33179
		0 0		or registerer	d agent, or both, in the state of	Florida.	
SIGNATURE	= Downed Ita	~·· 7	116	_		_	,
1/	Signature, typed or printed name of registered agent an	id title if applicable. (NOTE	: Registered Agent sign	<u>1201</u>		4/10	(02
- 5				tature required wi	nen reinstating)	DĂTE	
Gr.	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing				
	TILL NOW. FEE 15 \$61.25	Trust Fund C	ontribution,	_ ~	55.00 May Be	lake Check Pay	able to
10.				_ ^	doed to rees	Department of	State
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STREET ADDRESS	1825 SANDRA BLVD		NAME STREET ADDRESS	Gros	s, Donald		
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	TALLAHASSEE FL 32311	_	CITY-ST-ZIP	Poupe	40 Beach Fr 2	3073	Poite 7A
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CITY-ST-ZIP			STREET ADDRESS]
12. I hereby co	ertify that the information quality with the		CITY-ST-ZIP				1

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 954-677-54//