

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F41302**

1. Entity Name

ADVANTAGE EMPLOYER SERVICES V, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90123 018 ***150.00

Principal Place of Business

**1201 S. MCCALL RD.
ENGLEWOOD FL 34223**

Mailing Address

**1201 S. MCCALL RD.
ENGLEWOOD FL 34223**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2118447**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIPPY, TERRY L
1201 S. MCCALL RD.
ENGLEWOOD FL 34223**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, BARBARA	
STREET ADDRESS	5502 SHADOW LAWN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, EDWARD S	
STREET ADDRESS	103 11TH ST. SOUTH	
CITY-ST-ZIP	BRADENTON BCH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NELSON, JOHN E	
STREET ADDRESS	5502 SHADOW LAWN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SHIPPY, TERRY L	
STREET ADDRESS	975 GILESPIE ST.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIGNAM, THOMAS M	
STREET ADDRESS	1201 S. MCCALL RD.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHARDS, KAREN R	
STREET ADDRESS	13074 VIA FLAVIA	
CITY-ST-ZIP	PLACIDA FL 33946	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID M DIGNAM	
STREET ADDRESS	1201 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE D. EDWARDS	
STREET ADDRESS	1201 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERIC J. FOGO	
STREET ADDRESS	1201 S. MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)