

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H93279

1. Entity Name

SUNWEST P.E.O. OF FLORIDA, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90373 036 \*\*\*150.00

Principal Place of Business

2801 W. BUSCH BLVD.  
SUITE 240  
TAMPA FL 33618-4500  
US

Mailing Address

2801 W. BUSCH BLVD.  
SUITE 240  
TAMPA FL 33618-4531  
US

2. Principal Place of Business

2701 W Busch Blvd

3. Mailing Address

2701 W Busch Blvd

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33618

Country

US

Zip

33618

Country

US

6. Name and Address of Current Registered Agent

MILLS, FREDERICK J., ESQ.  
1200 W PLATT ST  
SUITE 100  
TAMPA FL 33606

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

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, 2000 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 PSD  
NAME LITTLE, JEROLD A.  
STREET ADDRESS 510 NANTUCKET  
CITY-ST-ZIP TEMPLE TERRACE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2701 W. Busch Blvd. Ste 207  
CITY-ST-ZIP Tampa, FL 33618 ☒ Change ☐ Addition

TITLE Vice President  
NAME Jennifer Scohier  
STREET ADDRESS 1924 Woodcut Drive  
CITY-ST-ZIP Lutz, FL 33549 ☐ Change ☒ Addition

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

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

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

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

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: Jennifer Scohier, Vice President 4-20-00 (813) 932-2272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)