2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am § Secretary of State K47881 DOCUMENT # 05-05-2003 90894 001 *2,219.00 1. Entity Name PROFESSIONAL EMPLOYER PLANS II, INC. Mailing Address Principal Place of Business 1911 US HWY 301 N. 1911 US HWY 301 N. SUITE 450 SUITE 450 **TAMPA FL 33619** TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2916840 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLCOMB, VICTOR W. Street Address (P.O. Box Number is Not Acceptable) 415 SOUTH HYDE PARK AVE. TAMPA FL 33606 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution ded to Fees Make Check Payable to Florida Department of State President 10. OFFICERS AND DIRECTORS ORS IN 11 Delete Addition TITLE Steve Harper GLASS, MARSHALL NAME 4311 Robin Lane 1911 U.S. HWY 301 N., STE 450 STREET ADDRESS Tampa, FL 33609 **TAMPA FL 33619** CITY-ST-ZIP Delete Addition TITLE 'n Vice President GASKIN, MICHAEL NAME Robert Liess STREET ADDRESS 1911 U.S. HWY 301 N., STE 450 2602 West Sam Allen Rd. CITY-ST-ZIP TAMPA FL 33619 CI Plant City, FL 33565 Addition TITLE Delete TI NAME Ν÷ STREET ADDRESS STRI Chief Operating Officer CITY-ST-ZIP CITY J. E. (Gene) Smith TITL ☐ Addition ☐ Delete TITLE 13811 Whisperwood Dr. NAM NAME STREET ADDRESS STR Clearwater, FL 33762 CITY-ST-ZIP CITY □ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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SIGNATURE:

12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address. with altour

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the final flualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accuracy and that my signature shall have the same legal effect as if made under oath; that I am an officer or director are this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if e empowered:

FILED