

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L25364**

1. Entity Name

**PROFESSIONAL TRAVEL TEMPORARIES AND PLACEMENT SE****FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90060 027 \*\*\*150.00

Principal Place of Business

3000 GULF TO BAY BLVD  
STE. 102  
CLEARWATER FL 32759  
US

Mailing Address

P. O. BOX 983  
INDIAN ROCKS BEACH FL 34635  
US**905974**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2970594**

Applied For

Not Applicable

Zip

**33759**

Country

Zip

**33785**

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPICH, DEBORAH  
1560 GULF BLVD.  
APT 1504  
CLEARWATER FL 33767

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DPS PAPICH, DEBORAH ANN 1560 GULF BLVD., APT 1504 CLEARWATER FL 33767			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

DEBORAH A. PAPICH

Date

Daytime Phone #

12-18-00

727-669-0108

CR2E034 (10/00)