

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 014 ***150.00

DOCUMENT # L53108

1. Entity Name

CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION, INC.

DO NOT WRITE IN THIS SPACE

425643

2. Principal Place of Business
535 Central Ave.
Suite, Apt. #, etc.

3. Mailing Address
5401 Central Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number 65-0198533

Applied For
Not Applicable

Zip
33701

Country

Zip
33710

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Carol McAttee, CPA

Street Address (P.O. Box Number is Not Acceptable)
5401 Central Ave.

City St. Petersburg,

FL

Zip Code
33710

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

Carol McAttee

CAROL McAttee

3/16/02

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)

January 1 - May 31 Fee is \$150.00
After May 31 Fee is \$550.00
Amended UBR is \$613.25
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
NAME August R. Curcio
STREET ADDRESS 2902 Wilderness Blvd. E.
CITY - ST - ZIP Parrish, FL 34219

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.R. Curcio 2/21/02

Date

Daytime Phone #

CR2E034B (12/01)