

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000003289**

1. Entity Name  
**IRMS PEO SOLUTIONS, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 9:35

Principal Place of Business  
**3200 BAILEY LANE, SUITE 105  
NAPLES FL 34105**

Mailing Address  
**3200 BAILEY LANE, SUITE 105  
NAPLES FL 34105-8506**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

**65-0921004**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHMELZLE, GEORGE C  
3200 BAILEY LANE #105  
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name **Charles D. Schmelzle**  
Street Address (P.O. Box Number is Not Acceptable)  
**3200 Bailey Lane # 105**  
City **Naples** FL Zip Code **34105 - 8506**

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

**COO Charles D. Schmelzle**

(NOTE: Registered Agent signature required when reinstating)

**3/2/00**

DATE

FEIN:  
**65-0921004**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

**mf 3/20/00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MGR SCHMELZLE, GEORGE C</b>		NAME	
STREET ADDRESS <b>3200 BAILEY LANE, SUITE 105</b>		STREET ADDRESS	
CITY- ST- ZIP <b>NAPLES FL 34105</b>		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**SIGNATURE**  
**Charles D. Schmelzle**

Date

**3/2/00**

Daytime Phone #

**9416491444**

CR2E083 (9/99)