

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2001 08:00 AM

Secretary of State

DOCUMENT # L98000003289

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

Principal Place of Business 3200 BAILEY LANE, SUITE 105 NAPLES FL 34105	Mailing Address 3200 BAILEY LANE, SUITE 105 NAPLES FL 34105
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2. Principal Place of Business 3200 BAILEY LANE Suite, Apt. #, etc. SUITE 105 City & State NAPLES FL	3. Mailing Address 3200 BAILEY LANE Suite, Apt. #, etc. SUITE 105 City & State NAPLES FL
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0921004	Applied For <input type="checkbox"/> Not Applicable
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Zip 34105	Country US	Zip 34105	Country US
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMELZLE CHARLES D
3200 BAILEY LANE #105
NAPLES FL 34105 US

7. Name and Address of New Registered Agent

Name
SCHMELZLE CHARLES D
Street Address (P.O. Box Number is Not Acceptable)
3200 BAILEY LANE
SUITE 105
City
NAPLES FL Zip Code
34105

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 CHARLES D. SCHMELZLE

01/12/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

11. 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 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: George C. Schmelzle

MGR

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)