

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rf 4/1/0

DOCUMENT # L99000009030

1. Entity Name
CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION LLC

Principal Place of Business Mailing Address
12230 Forest Hill Blvd
110 Wellington, FL 33414 same

2. Principal Place of Business 3. Mailing Address
12230 Forest Hill Blvd 12230 Forest Hill Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
110 # 110

City & State City & State
Wellington FL Wellington FL
Zip Zip
33414 US 33414 US

4. FEI Number Applied For
65-0969980 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
Sheila Cuccia-Ducci
5140 Woodland Lakes Drive
Palm Beach Gardens, FL 33418

7. Name and Address of New Registered Agent
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 Sheila Cuccia-Ducci 3-30-00
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
TITLE PRES MGR
NAME Sheila Cuccia-Ducci
STREET ADDRESS 5140 Woodland Lakes Dr
CITY-ST-ZIP Palm Beach Gardens, FL 33418
Delete
Delete
Delete
Delete
Delete

10. ADDITIONS/CHANGES
Change Addition
200003218052--1
-04/21/00--01014--012
*****50.00 *****50.00
Change Addition
Change Addition
Change Addition
Change 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: Sheila Cuccia-Ducci 3/30/00 561-625-1332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)