

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90017 047 ****50.00

DOCUMENT # L9900009030

1. Entity Name

CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION, LLC

DO NOT WRITE IN THIS SPACE

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

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

City & State
St. Petersburg, FL
Zip 33701 Country

City & State
St. Petersburg, FL
Zip 33710 Country

4. FEI Number
65-0969980

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

937103

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Carol McAtee, 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 McAtee

CAROL McAtee

3/19/02

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M August R. Curcio 2901 Wilderness Blvd. E. Parrish, FL 34219
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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:

August R. Curcio

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

Date

Daytime Phone #

CR2E083B (12/01)