

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009354

1. Entity Name

INTEGRATED PROFESSIONAL RESOURCES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1135 LUCERNE AVENUE  
CAPE CORAL FL 33904

Mailing Address

1135 LUCERNE AVENUE  
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

19474 DEVONWOOD CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL

Zip

Country

Zip

Country

33912

USA

4. FEI Number

65-0976194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRACHAK, ROBBIE  
1135 LUCERNE AVENUE  
CAPE CORAL FL 33904

Name

JOSEPH M. PARSLOW

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

19474 DEVONWOOD CIRCLE

City

FT. MYERS

FL

Zip Code

33912

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ANDRACHAK, ROBBIE  
1135 LUCERNE AVENUE  
CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
JOSEPH M. PARSLOW  
19474 DEVONWOOD CIRCLE  
FT. MYERS, FL 33912 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400003399334--2  
-09/20/00--01058--015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

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

Date

Daytime Phone #

9/1/00

(941) 671-5761

CP2E083 (5/00)