

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90030 010 ****50.00

DOCUMENT # L99000009354

1. Entity Name

INTEGRATED PROFESSIONAL RESOURCES, LLC



Principal Place of Business

**1135 LUCERNE AVENUE
CAPE CORAL FL 33904**

Mailing Address

**19474 DEVONWOOD CIRCLE
FT. MYERS FL 33912**

2. Principal Place of Business

1342 Colonial Blvd.

Suite, Apt. #, etc.

Building G, Suite 515

City & State

FT. MYERS, FL

Zip **33907**

Country

3. Mailing Address

1342 Colonial Blvd.

Suite, Apt. #, etc.

Building G, Suite 515

City & State

FT. MYERS, FL

Zip **33907**

Country



☐ CHECK HERE IF MAKING CHANGES

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

**PARSLOW, JOSEPH M
19474 DEVONWOOD CIRCLE
FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

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

19474 DEVONWOOD CIRCLE

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PARSLOW, JOSEPH M**
STREET ADDRESS **19474 DEVONWOOD CIRCLE**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **19474 DEVONWOOD CIRCLE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **JOSEPH M. PARSLOW**

4/14/03

(239) 707-9841

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

Date

Daytime Phone #

CR2E083 (10/02)