

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 036 ***150.00

0551787 AV

DOCUMENT # P00000018297

1. Entity Name
ADVANTAGE EMPLOYER SERVICES II, INC.



Principal Place of Business
**1201 SOUTH MCCALL ROAD
ENGLEWOOD FL 34223**

Mailing Address
**1201 SOUTH MCCALL ROAD
ENGLEWOOD FL 34223**



2. Principal Place of Business
4900 MANATEE AVE. W

3. Mailing Address

Suite, Apt. #, etc.

SAME

☒ CHECK HERE IF MAKING CHANGES

City & State
BRADENTON, FLA.

City & State

4. FEI Number **65-0984503**

Applied For
Not Applicable

Zip
34209

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHIPPY, TERRY L
1701 S MCCALL ROAD
ENGLEWOOD FL 34223**

Name
CALVERT N. COURTNEY
Street Address (P.O. Box Number is Not Acceptable)
2202 - 6th St. W

City
PALM BEACH, FL. **FL 34221**

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]

4-28-03

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHIPPY, TERRY L 1201 SOUTH MCCALL ROAD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIGNAM, THOMAS M 1201 SOUTH MCCALL ROAD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDS, KAREN 1201 SOUTH MCCALL ROAD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGNAM, DAVID M 1201 S MCCALL ROAD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, LESLIE D 1201 S MCCALL ROAD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGO, ERIC J 1201 S MCCALL ROAD ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP CALVERT COURTNEY 2202 - 6th St. W PALM BEACH, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 941-750-8267

Date

Daytime Phone #

CR2E034 (10/02)