

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90380 049 ***150.00

DOCUMENT # P00000023757

1. Entity Name

ADVANTAGE EMPLOYER LEASING, INC.

Principal Place of Business

**3104 BAYSHORE GARDENS PARKWAY
 BRADENTON FL 34207**

Mailing Address

**3104 BAYSHORE GARDENS PARKWAY
 BRADENTON FL 34207**

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0984512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCDUFFEE, JAMES W
 3104 BAYSHORE GARDENS PARKWAY
 BRADENTON FL 34207**

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

James W. McDufee

4/29/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDUFFEE, JAMES W	
STREET ADDRESS	3104 BAYSHORE GARDENS PARKWAY	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDUFFEE, VICKY L	
STREET ADDRESS	3104 BAYSHORE GARDENS PARKWAY	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDUFFEE, JACOB J	
STREET ADDRESS	3104 BAYSHORE GARDENS PARKWAY	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDUFFEE, NICHOLAS S	
STREET ADDRESS	3104 BAYSHORE GARDENS PARKWAY	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDUFFEE, VICKY L	
STREET ADDRESS	3104 BAYSHORE GARDENS PARKWAY	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDUFFEE, JACOB J	
STREET ADDRESS	3104 BAYSHORE GARDENS PARKWAY	
CITY-ST-ZIP	BRADENTON FL 34207	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

James W. McDufee / **JAMES W MCDUFFEE** **4/29/01** **941-751-1984**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)