

2001- UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90984 037 ***150.00

DOCUMENT # P00000055903

1. Entity Name

P.E.O. SERVICES, INC.

Principal Place of Business

**3443 HANCOCK BRIDGE PARKWAY #102
FORT MYERS FL 33903**

Mailing Address

**3443 HANCOCK BRIDGE PARKWAY #102
FORT MYERS FL 33903**

2. Principal Place of Business

5235 RAMSEY WAY

3. Mailing Address

5235 RAMSEY WAY

Suite, Apt. #, etc.

18

Suite, Apt. #, etc.

18

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number

65-1041739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KLOPSTAD, JOHN J
3443 HANCOCK BRIDGE PARKWAY
SUITE 102
FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

KLOPSTAD, JOHN J

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

5235 RAMSEY WAY

18

City

FORT MYERS

FL

Zip Code

33907

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.

JOHN J. KLOPSTAD

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2001

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 **D** ☐ Delete
NAME **M. THOMAS RUKE, JR.**
STREET ADDRESS **3443 HANCOCK BRIDGE PARKWAY #102**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **D** ☐ Delete
NAME **KLOPSTAD, JOHN J**
STREET ADDRESS **3443 HANCOCK BRIDGE PARKWAY #102**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **D** ☐ Delete
NAME **ROUSSEAU, JOHN A**
STREET ADDRESS **3443 HANCOCK BRIDGE PARKWAY #102**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **D** ☐ Delete
NAME **HAHN, JAMES E**
STREET ADDRESS **3443 HANCOCK BRIDGE PARKWAY #102**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **M. THOMAS RUKE, JR.**
STREET ADDRESS **5235 RAMSEY WAY, # 18**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **KLOPSTAD, JOHN J**
STREET ADDRESS **5235 RAMSEY WAY #18**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **D** ☒ Change ☐ Addition
NAME **ROUSSEAU, JOHN A**
STREET ADDRESS **5235 RAMSEY WAY, #18**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **D** ☒ Change ☐ Addition
NAME **HAHN, JAMES E.**
STREET ADDRESS **5235 RAMSEY WAY, #18**
CITY-ST-ZIP **FORT MYERS, FL 33907**

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. KLOPSTAD

4/26/2001

Date

941-275-7052

Daytime Phone #

CR2E034 (10/00)