

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91154 047 ***150.00

DOCUMENT # P00000115599

1. Entity Name
EMPLOYERS-PARTNER, INC.



Principal Place of Business
**1441 LOMAN COURT
PALM HARBOR FL 34683**

Mailing Address
**1441 LOMAN COURT
PALM HARBOR FL 34683**

11040746



2. Principal Place of Business
**1742 Hickory Gate Dr. N
Suite, Apt. #, etc.
Dunedin, FL 34698**

3. Mailing Address
**1742 Hickory Gate Dr. N
Suite, Apt. #, etc.
Dunedin, FL 34698**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3684943** Applied For
Not Applicable

Zip Country
34698 Pinellas

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

**BOURDEAU, TIMOTHY J
1441 LOMAN COURT
PALM HARBOR FL 34683**

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

SIGNATURE _____ (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	PTO	<input type="checkbox"/> Delete		TITLE	PTO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOURDEAU, TIMOTHY J			NAME	BOURDEAU, TIMOTHY J		
STREET ADDRESS	1441 LAMAN COURT			STREET ADDRESS	1742 HICKORY GATE DR. N.		
CITY-ST-ZIP	PALM HARBOR FL 34683			CITY-ST-ZIP	DUNEDIN, FL 34698		
TITLE	VPS	<input type="checkbox"/> Delete		TITLE	VPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARDEAU, KIMBERLY A			NAME	BOURDEAU, KIMBERLY A		
STREET ADDRESS	1441 LOMAN COURT			STREET ADDRESS	1742 HICKORY GATE DR. N.		
CITY-ST-ZIP	PALM HARBOR FL 34683			CITY-ST-ZIP	DUNEDIN, FL 34698		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)