FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State
09-15-2003 90153 047 ***550.00

DOCUMENT # P01000000855

1. Entity Name

PEO SOLUTIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3100 CLUB DRIVE # 221	3100 CLUB DRIVE # 221
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT CHARLOTTE, FL	City & State: PORT CHARLOTTE, FL
Zip: 33953 Country:	Zip: 33953 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1840161 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EUGENE F BUTLER JR

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

3100 CLUB DRIVE # 221

City: PORT CHARLOTTE FL Zip Code: 33953

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: _____ DATE: _____
(Effective, Typed or printed name of registered agent and title if applicable) (Active Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES EUGENE F BUTLER JR 3100 CLUB DRIVE # 221 PORT CHARLOTTE, FL 33953
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #