

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90221 040 ***150.00

DOCUMENT # P01000098611

1. Entity Name
PROFESSIONAL EMPLOYERS OF SARASOTA, INC.



Principal Place of Business
1233 N. GULFSTREAM AVENUE #1204
SARASOTA FL 34236

Mailing Address
POST OFFICE BOX 3769
SARASOTA FL 34230



2. Principal Place of Business
1111 RITZ CARLTON DR

3. Mailing Address

Suite, Apt. #, etc.
SUITE 1504

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State

4. FEI Number **65-1146985**

Applied For
Not Applicable

Zip **34236** **Country** **SARASOTA**

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

PERSSE, JOHN W
1800 SECOND STREET
SUITE 715
SARASOTA FL 34236

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

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 **D** ☐ **Delete**
NAME **BONGART, EDWARD L**
STREET ADDRESS **1233 N. GULFSTREAM AVENUE #1204**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 Block 11 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

Date

Daytime Phone #

2-18-03 941-955-3955

CR2E034 (10/02)