

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90210 045 ***150.00

DOCUMENT # P94000032095

1. Entity Name

PREEMPLOYER II, INC.

Principal Place of Business

Mailing Address

**1026 FORTNER ST
 SUITE 2
 DOTHAN AL 36301**

**1026 FORTNER ST
 SUITE 2
 DOTHAN AL 36301**

00053006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3251677**

Applied For
 Not Applicable

Zip

Country

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

**DOBBS, DEBBIE
 2617 S. HIGHWAY 77
 LYNN HAVEN FL 32444**

Name

Richard Guest

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

2604 Magnolia Point Ce

City

Panama City

FL

Zip Code

32411-7570

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VIBBERT, JAMES	
STREET ADDRESS	2013 STONEBRIDGE DRIVE	
CITY-ST-ZIP	DOTHAN AL 36301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EFURD, JAN	
STREET ADDRESS	85 HIDDEN SPRINGS CT.	
CITY-ST-ZIP	DOTHAN AL 36305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRENTINE, EDDIE R	
STREET ADDRESS	P.O. BOX 3220	
CITY-ST-ZIP	HEADLAND AL 36345	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, J. BENJAMIN	
STREET ADDRESS	704 GROVE PARK LANE	
CITY-ST-ZIP	DOTHAN AL 36305	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, REBECCA H	
STREET ADDRESS	3106 PRESERVE ROOKERY BLVD.	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUEST, RICHARD W	
STREET ADDRESS	P.O. BOX 27570	
CITY-ST-ZIP	PANAMA CITY FL 32411-7570	

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		
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)