2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
03-20-2001 90011 033 ***150.00

DOCUMENT # P94000074997

1. Entity Name
EMPLOYERS PAY-CARE SERVICES, INC.

Principal Place of Business	Mailing Address
5190 26TH STREET WEST SUITE E BRADENTON FL 34207	5190 26TH STREET WEST SUITE E BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4912 26TH ST. W.		4912 26TH ST. W.	
Suite, Apt. #, etc.: SUITE 100		Suite, Apt. #, etc.: SUITE 100	
City & State: BRADENTON FL		City & State: BRADENTON FL	
Zip: 34207	Country: USA	Zip: 34207	Country: USA

4. FEI Number 65-0443713 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LATREILLE, LUCIEN
5190 26TH STREET WEST
SUITE E
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name: LUCIEN LATREILLE
Street Address (P.O. Box Number is Not Acceptable): 4912 26TH ST. W. SUITE 100
City: BRADENTON FL Zip Code: 34207

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] LUCIEN LATREILLE 3/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LATREILLE, LUCIEN 5190 26TH STREET WEST, SUITE E BRADENTON FL 34207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUCIEN LATREILLE 4912 26TH ST. W. SUITE 100 BRADENTON FL 34207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] LUCIEN LATREILLE 3/17/01 (941) 756-2769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #