

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90026 022 \*\*\*150.00

**DOCUMENT # P95000016457**

1. Entity Name

**CORE EMPLOYER SERVICES, INC.**

Principal Place of Business

**12600 S BELCHER RD  
 SUITE 104  
 LARGO FL 33773  
 US**

Mailing Address

**P.O. BOX 960  
 LARGO FL 33779-0960  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3299321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RAWL, EDGAR O  
 12600 S. BELCHER RD.  
 SUITE 104  
 LARGO FL 33733**

7. Name and Address of New Registered Agent

Name **Edgar O. Rawls**

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

**12600 S. Belcher Rd, Ste. 104**

City **Largo**

**FL**

Zip Code **33773**

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

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, 2002 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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	<b>DIROSE, J. RICHARD</b>	
STREET ADDRESS	<b>12600 S BELCHER RD, STE 104</b>	
CITY-ST-ZIP	<b>LARGO FL 33773</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RAWLS, EDGAR O</b>	
STREET ADDRESS	<b>12600 S BELCHER RD, STE 104</b>	
CITY-ST-ZIP	<b>LARGO FL 33773</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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

**Edgar O. Rawls, President**

Date

Daytime Phone #

**4/26/02 (727) 535-2673**

CR2E034 (9/01)