

2002 UNIFORM BUSINESS REPORT (UBR)

0035100 AV

DOCUMENT # P95000027508

1. Entity Name

PERSONNEL ASSESSMENTS, INC.

FILED

02 JAN 24 AM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2902 ISABELLA BLVD.
STE 50
JACKSONVILLE BEACH FL 32250
US

Mailing Address

2902 ISABELLA BLVD.
STE 50
JACKSONVILLE BEACH FL 32250
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 59-3316397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLLAND & KNIGHT
NATIONS BANK BLDG.
SUITE 3900
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Intrastate Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000

City Miami

FL

Zip Code 33131

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

Crystal Adkins
Signature, typed or printed name of registered agent and title if applicable.

Crystal Adkins, Vice President

1/22/02

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 D
NAME BENDER, WILLIAM C
STREET ADDRESS 1401 SPINNAKER REACH DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE D
NAME BENDER, OLGA
STREET ADDRESS 1401 SPINNAKER REACH DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE P
NAME BENDER, WILLIAM D
STREET ADDRESS 377 N ROSCOE BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900004852749-4
-02/01/02--01025--016
*****150.00 *****150.00

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

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

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

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

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

1/14/02

Date

(904)246-7600

Daytime Phone #

CR2E034 (9/01)