## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

P97000001702

**DOCUMENT #** 1. Entity Name



## **FILED** May 05, 2003 8:00 am Secretary of State

05-05-2003 90894 001 \*2,219.00

	SIONAL EMPLOYER PLANS	, INC.							
Principal Place of Business 1911 U.S. HWY 301 N. STE 450 TAMPA FL 33619 US 2. Principal Place of Business		Mailing Address 1911 U.S. HWY 301 N. STE 450 TAMPA FL 33619 US 3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number	65-0727474			oplied For ot Applicable	
Zip	Country	Zip	Country		f Status Desired	Fee	.75 Add Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New Re	gistered Age	ent		
HOLCOMB, VICTOR W		Name							
415 SOUTH HYDE PARK AVENUE		Street Addres		lress (P.O. Box Number	is Not Acceptable)				
TAMPA FI							<del></del>		
TOWN A C	C 00000		City		·	FL	Zip Cod	e	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or re	egistered agent, or both	, in the State of Florid	da. I am fam	iliar with,	and accept	
SIGNATURE .						DATE			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature r	required when reinstating)		DATE			
÷ FI		and title if applicable. (NOTE	E Registered Agent signature r						
	Signature, typed or printed name of registered agent of the NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	and little if applicable. (NOTE	i: Registered Agent signature r		tion Campaign Final		\$5.0	00 May Be	
After	ILE NOW!!! FEE IS \$150.00		<u> </u>	<b>9.</b> Elec	tion Campaign Final		\$5.0	May Be	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 x Payable to Florida Department of	State DIRECTORS	Presi	9. Elec	tion Campaign Final		\$5.0		
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I hereby certify that the information supplied with this filling 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 employered 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 air other like empowered.

**SIGNATURE:**