

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90037 025 \*\*\*150.00

**DOCUMENT # P97000027579**

1. Entity Name

**EMPLOYEE ASSURANCE, INC.**

Principal Place of Business

**10744 AYRSHIRE DRIVE**  
**TAMPA FL 34677**  
**US**

Mailing Address

**10744 AYRSHIRE DRIVE**  
**TAMPA FL 33626**  
**US**

2. Principal Place of Business

**10744 Ayrshire Dr**  
 Suite, Apt. #, etc.

3. Mailing Address

**Same AS Above**  
 Suite, Apt. #, etc.

City & State

**TAMPA, FL 33626**

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3441307**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHAMBERS, TONYA**  
**10744 AYRSHIRE DRIVE**  
**TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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	DP	<input type="checkbox"/> Delete
NAME	CHAMBERS, TONYA M	
STREET ADDRESS	10744 AYRSHIRE DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KOLEK, TERRI L	
STREET ADDRESS	10744 AYRSHIRE DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HOMSY, CHRISTINA L	
STREET ADDRESS	10744 AYRSHIRE DRIVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	
CITY-ST-ZIP	
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	
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: Tonya Chambers TONYA Chambers 1/9/02 813 855 1531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)