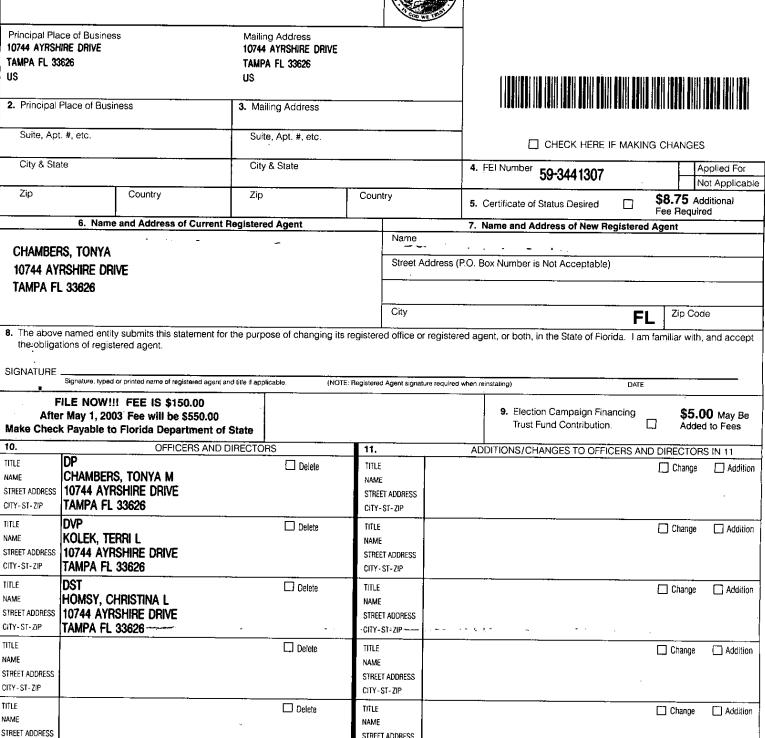
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000027579**

1. Entity Name

EMPLOYEE ASSURANCE, INC.



12. 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 10 or Block 11 if changed, or on an attachment with an address, with all effect the empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND THE DO OF PRINTED THAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

1/30/03

Date

813 814 443/

☐ Change

Addition

Daytime Phone #

FILED

Secretary of State

02-03-2003 90315 008 ***150.00

Feb 03, 2003 8:00 am

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