

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000061632**

1. Entity Name
PROFESSIONAL EMPLOYERS INSURANCE, INC.



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

05-05-2003 90894 001 *2,219.00

0465622
AV

Principal Place of Business
**1911 US HWY 301 NORTH
STE 450
TAMPA FL 33619**

Mailing Address
**1911 US HWY 301 NORTH
STE 450
TAMPA FL 33619**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3458948**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLCOMB, VICTOR W
415 S HYDE PARK AVE
TAMPA FL 33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐

\$5.00 May Be
Added Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
GLASS, MARSHALL R
1911 US HWY 301 N STE 450
TAMPA FL 33619** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GASKIN, MICHAEL
1911 US HWY 301 N/ STE 450
TAMPA FL 33619** ☒ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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11.

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CITY-ST-ZIP

President
**Steve Harper
4311 Robin Lane**

Vice President
**Robert Liess
2602 West Sam Allen Rd.
Plant City, FL 33565**

Chief Operating Officer
**J. E. (Gene) Smith
13811 Whisperwood Dr.
Clearwater, FL 33762**

11
☒ Addition

☒ Addition

☒ Addition

☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)