

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000098664

FILED  
Apr 06, 2003  
Secretary of State

Entity Name: PEO SYSTEMS, INC.

## Current Principal Place of Business:

1977 WOODLEIGH DR WEST  
JACKSONVILLE, FL 32211

## New Principal Place of Business:

## Current Mailing Address:

1977 WOODLEIGH DR WEST  
JACKSONVILLE, FL 32211

## New Mailing Address:

FEI Number: 59-3478257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JORDAN, PAUL B SR  
1977 WOODLEIGH DR WEST  
JACKSONVILLE, FL 32211

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: JORDAN, PAUL B SR  
Address: 1977 WOODLEIGH DR WEST  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPSD ( ) Delete  
Name: JORDAN, LEI ANNE  
Address: 1977 WOODLEIGH DR WEST  
City-St-Zip: JACKSONVILLE, FL 32211

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL B. JORDAN

PSTD

04/06/2003

Electronic Signature of Signing Officer or Director

Date