2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000033580 **DOCUMENT #**

1. Entity Name



FILED Mar 24, 2003 8:00 am Secretary of State

i i i Gari	ESSIVE EMPLOYER SERVI	CES, INC	C.				03-24-2003 9	0101 00.	J 130	J.00
2469 ENTER SUITE B	lace of Business RPRISE ROAD ER FL 33763	2469 Suit	ng Address DENTERPRISE ROAD TE B . ARWATER FL 33763				1 2 68 /2 86 /2 1/ 10 2 01/2) 1 8 /1/2 88 /1/2 88 /1/2		(1) 00 244 0) 0 111	a i i a ise aa in 1841
2. Principal	I Place of Business	3. Ma	iling Address							
Suite, Apt. #, etc.		Suite, Apt, #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & St	ate	City	/ & State			4.	FEI Number 59-3509833			Applied For
Zip	Country	Zip		Coun	ntry	5.	Certificate of Status Desired		\$8.75 A	Vot Applicable dditional
	6. Name and Address of Currer	nt Registere	ed Agent		Τ	l	Name and Address of New Re		ee Requir	red
	3 € 5 5 2 3		* *		Name .=		value and Address of New Re	gistered A	gent	
TINGIRID	DES, ESQ, STAVROS						<u> </u>	-	•	•
	RTH BELCHER ROAD ATE 100			•	Street Addr	ess (P.O. B	ox Number is Not Acceptable)			···-
	ATER FL 33765									
OLLANII	AIEN FL 33/63									
					City		-	FL	Zip Co	de
8. The abov	/e named entity submits this statement	for the nurn	accord changing its	ro minte a				<u></u>		
the obliga	ve named entity submits this statement ations of registered agent.	ioi tue buib	lose of changing its	registere	ea office or reg	gistered agi	ent, or both, in the State of Flori	da. I am fa	ımiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ager			<u>-</u>	<u> </u>					
	organica, typed or printed frame or registered ager	nt and title if app	licable. (NOTE	: Registered	d Agent signature re	equired when re	instating)	DATE		
;	FILE NOW!!! FEE IS \$150.00	- 1					·			
						i				
Afte	er May 1, 2003 Fee will be \$550.00)				ĺ	9. Election Campaign Final		\$5.0	00 May Be
Afte		of State				İ	9. Election Campaign Final Trust Fund Contribution.	ncing	\$5.0 Adde	00 May Be d to Fees
Afte	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of OFFICERS AND	of State	RS	11.		ADI	Trust Fund Contribution.		Adde	d to Fees
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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 changed, or on an attachment with a address, with all other like empowered.

SIGNATURE: