

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000082362**

1. Entity Name

GULFSHORE PEO SOLUTIONS, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90294 048 ***150.00

00013902

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4100 GOODLETTE RD N. SUITE 100 NAPLES FL 34103	Mailing Address 4100 GOODLETTE RD N. SUITE 100 NAPLES FL 34103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3533954	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HAVEMEIER, BRADLEY A 4100 GOODLETTE RD N, SUITE 100 NAPLES FL 34103	

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) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACINNES, JOHN N	NAME	GLEESON, MICHELLE
STREET ADDRESS	140 MAHOGANY DRIVE	STREET ADDRESS	27240 RIDGE LAKE CT.
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVEMEIER, BRADLEY A	NAME	
STREET ADDRESS	2212 MAJESTIC CT N	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY, WARD A	NAME	
STREET ADDRESS	27110 FLOSSMOOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIELAND, CHRIS L	NAME	
STREET ADDRESS	788 HULL CT	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, MARTHA P	NAME	
STREET ADDRESS	2170 10TH AVE NE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34120	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIHAILOFF, ANATOL V	NAME	
STREET ADDRESS	610 17TH AVE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD A. HAVEMEIER

1-22-01

Date

941-261-3646

Daytime Phone #

CR2E034 (10/00)