

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000082362

FILED
Jan 13, 2003
Secretary of State

Entity Name: GULF SHORE PEO SOLUTIONS, INC.

Current Principal Place of Business:

4100 GOODLETTE RD N, SUITE 100
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4100 GOODLETTE RD N, SUITE 100
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3533954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVEMEIER, BRADLEY A
4100 GOODLETTE RD N, SUITE 100
NAPLES, FL 34103

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: D () Delete
Name: MACINNES, JOHN N
Address: 140 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: HAVEMEIER, BRADLEY A
Address: 2212 MAJESTIC CT N
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: POSEY, WARD A
Address: 27110 FLOSSMOOR DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: WIELAND, CHRIS L
Address: 788 HULL CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: T () Delete
Name: GLEESON, MICHELLE
Address: 27240 RIDGE LAKE CT
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MIHAILOFF, ANATOL V
Address: 610 17TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHELLE G GLEESON

CFO

01/13/2003

Electronic Signature of Signing Officer or Director

Date