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FILED
Jun 02, 2002 8:00 am
Secretary of State
05-13-2002 90102 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084213

Entity Name:
EMPLOYEE SCREENING

33973

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address:
3000 Gulf To Bay Blvd	PO Box 8653
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State: Clearwater
Zip: 33759 County: Pinellas	Zip: FL County: 33758

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3549947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JOHN POLIVICK

Street Address (P.O. Box Number is Not Acceptable):
3000 GULF TO BAY BLVD. SUITE 200

City: CLEARWATER FL Zip Code: 33759

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: JP DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN POLIVICK - PRESIDENT 3000 GULF TO BAY BLVD. SUITE 200 CLEARWATER, FL 33759
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JP 9.30.02 669.0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #