

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097924

1. Entity Name

JRD PEO SOLUTIONS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90011 029 ***150.00

Principal Place of Business

11 SOUTH BUMBY AVENUE
ORLANDO FL 32803

Mailing Address

POST OFFICE BOX 538230
ORLANDO FL 32853-8230

2. Principal Place of Business

850 Concourse Pkwy. South

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

P.O. Box 945255

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Maitland, Florida

4. FEI Number

59-3558219

Applied For

Not Applicable

Zip

Country

32751

Zip

32794-5255

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, F. DAVID
11 SOUTH BUMBY AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
850 Concourse Pkwy. South

Suite 200

City

Maitland, Florida 32751

FL

Zip Code
32751

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)

DATE

9. 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, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MCKINNEY, F. DAVID	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, JOHN F JR.	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MINTER, L. KIPP	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOONE, DONALD B	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRYDE, CLYDE D	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATCHER, MARION F III	
STREET ADDRESS	11 SOUTH BUMBY AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	850 Concourse Pkwy. South, Suite 200
CITY-ST-ZIP	Maitland, Florida 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	850 Concourse Pkwy. south, Suite 200
CITY-ST-ZIP	Maitland, Florida 32751
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rocky Santomassino
STREET ADDRESS	850 Concourse Pkwy. South, Suite 200
CITY-ST-ZIP	Maitland, Florida 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	850 Concourse Pkwy. South, Suite 200
CITY-ST-ZIP	Maitland, Florida 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	850 Concourse Pkwy. South, Suite 200
CITY-ST-ZIP	Maitland, Florida 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	850 Concourse Pkwy. South, suite 200
CITY-ST-ZIP	Maitland, Florida 32751

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

3/23/00

407-691-9800

Date

Daytime Phone #

CR2E034 (9/99)