

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90042 028 ***158.75

DOCUMENT # P98000100467

1. Entity Name

LUPFER-FRAKES PEO SOLUTIONS, INC.



Principal Place of Business

**222 CHURCH STREET
KISSIMMEE FL 34741**

Mailing Address

**222 CHURCH STREET
KISSIMMEE FL 34741**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3550953

Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUDFER, SAMUEL L
1794 ADMIRAL CT
KISSIMMEE FL 34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **VSD** ☐ Delete
NAME: **WALLS, RONALD M**
STREET ADDRESS: **1837 REGAL COVE COURT**
CITY-ST-ZIP: **KISSIMMEE FL**

TITLE: **VD** ☐ Delete
NAME: **BAUKNIGHT, JAMES H**
STREET ADDRESS: **5600 IRLO BRONSON MEM. HIGHWAY**
CITY-ST-ZIP: **ST. CLOUD FL**

TITLE: **PD** ☐ Delete
NAME: **LUPFER, SAMUEL L**
STREET ADDRESS: **1794 ADMIRAL COURT**
CITY-ST-ZIP: **KISSIMMEE FL**

TITLE: **VP** ☐ Delete
NAME: **RANDALL, RICHARD J**
STREET ADDRESS: **1794 ADMIRAL COURT**
CITY-ST-ZIP: **KISSIMMEE FL**

TITLE: **VPCF** ☐ Delete
NAME: **CHRISTIAN, MICHAEL P**
STREET ADDRESS: **1616 AMY COURT**
CITY-ST-ZIP: **KISSIMMEE FL 34744**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 4078872841
Date Daytime Phone #

CR2E034 (10/02)