2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # P99000016572

1. Entity Name

ABR EMPLOYER SERVICES, INC.

FILED

00 MAY 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/17/00 A94444 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
34125 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684-2141	34125 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684-2141

2. Principal Place of Business	3. Mailing Address
3201 34TH STREET S	3201 34TH STREET S
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: ST PETERSBURG FL	City & State: ST PETERSBURG FL
Zip: 33711 / Country: USA	Zip: 33711 / Country: USA

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[X] Change [X] Addition SEE ATTACHED LIST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

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: R.A. Smolinski ROBERT A. SMOLINSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #