

10/12

DOCUMENT # P99000016572

1. Entity Name

ABR EMPLOYER SERVICES, INC.

FILED

00 MAY 17 PM 3:23

Principal Place of Business

34125 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684-2141

Mailing Address

34125 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684-2141

517100
SECRETARY OF STATE
TALLAHASSEE FLORIDA
\$150.00

2. Principal Place of Business

3201 34TH STREET S

Suite, Apt. #, etc.

3. Mailing Address

3201 34TH STREET S

Suite, Ap: #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

Applied For
 Not Applicable

Zip
33711

Country
USA

Zip
33711

Country
USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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 NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
|--|---------------------------------|
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|--|--|--|
| SEE ATTACHED LIST | | |
| | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(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

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Director Phone #