

6/4/

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90003 043 \*\*\*550.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016572

1. Entity Name

ABR EMPLOYER SERVICES, INC.

1A

Principal Place of Business

3201 34TH STREET S.  
ST. PETERSBURG FL 33711

Mailing Address

3201 34TH STREET S.  
ST. PETERSBURG FL 33711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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 title if applicable.

(NOT)

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, 2001 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	VPT	<input checked="" type="checkbox"/> Delete
NAME	SMOLINSKI, ROBERT A	
STREET ADDRESS	3201 34TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	MACDOUGALD, JAMES E	
STREET ADDRESS	3201 34TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	EVCO	<input checked="" type="checkbox"/> Delete
NAME	POVILUS, WILLIAM	
STREET ADDRESS	3201 34TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	SVCO	<input checked="" type="checkbox"/> Delete
NAME	O'DROBINAK, JAMES P	
STREET ADDRESS	3201 34TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURKLE, JAMES R	
STREET ADDRESS	3201 34TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRIERSON, JOHN H	
STREET ADDRESS	3201 34TH STREET S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARVIS, W. JAMES	
STREET ADDRESS	3201 34TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerments.

SIGNATURE:

*W. James Jarvis* W. JAMES JARVIS 8/21/01 (727) 864-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)