

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000022743**1. Entity Name  
PEO HOLDING, INC.

Principal Place of Business	Mailing Address
PO BOX 18299	PO BOX 18299
SARASOTA FL	SARASOTA FL
34276	34276

2. Principal Place of Business	3. Mailing Address
2801 FRUITVILLE RD.	2801 FRUITVILLE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE. 260	STE. 260

City & State	City & State
SARASOTA FL	SARASOTA FL
Zip	Zip
34237	34237
Country	Country
US	US

4. FEI Number  
**65-0918268**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**OSTER JOHN A  
2801 FRUITVILLE RD STE 260  
  
SARASOTA FL  
34237 US**7. Name and Address of New Registered Agent**Name  
ROBERTON GUADALUPE C  
Street Address (P.O. Box Number is Not Acceptable)  
2801 FRUITVILLE RD., STE. 260  
  
City  
SARASOTA FL Zip Code  
34237

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 **GUADALUPE C. ROBERTON****04/11/2001**

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	DANSON THOMAS EJR	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OSTER JOHN A	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSS ALEX V	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTON GUADALUPE C	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTON DONALD K	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS ALEX V	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTON GUADALUPE C	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTON DONALD K	
STREET ADDRESS	2801 FRUITVILLE RD STE 260	
CITY-ST-ZIP	SARASOTA FL 34237	
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 empowered.

**SIGNATURE: DONALD K. ROBERTON**

CPD

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)