2/1 2000 UNIFORM BUSINESS REPORT (UBR) May 02, 2000 8:00 am DOCUMENT # P99000098946 Secretary of State PROFESSIONAL EMPLOYERS OF AMERICA, INC. 02-10-2000 90065 014 ***150.00 Mailing Address Principal Place of Business 339 6TH AVE. WEST 339 6TH AVE. WEST BRADENTON FL 34205 **BRADENTON FL 34205-8820** 2007152. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWIS, GERALD L Street Address (P.O. Box Number is Not Acceptable) 339 6TH AVE. WEST **BRADENTON FL 34205** City Zio 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (66/6)Dalete TITLE Change ☐ Addition TITLE Gerald L. Lewis NAME NAME 339 6- Que W CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP radeston Addition Change TITLE Delete _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS Com Aue W CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE 🗀 Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Tim.E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete DILE CEGIDENSON ET 3 ISC? NAME NAME STREET ADDRESS, 31H V/2 115-32 STREET ADDRESS

is partially for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information train and that my signature shall have the same legal effect as if made under oath; that I am an officer or director for this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with ar

CHTY-ST-ZIP

SIGNATURE:

CITY-ST-ZP(管理) (2¹ 多元) (15) (