

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000099540

**Entity Name:** ACCURATE EMPLOYER SOLUTIONS, INC.

**Current Principal Place of Business:**

14499 N DALE MABRY HWY  
SUIITE 250-S  
TAMPA, FL 33618

**Current Mailing Address:**

14499 N DALE MABRY HWY  
SUIITE 250-S  
TAMPA, FL 33618

**FEI Number:** 81-1179706

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLCOMB, JOHN S SR.  
14499 N DALE MABRY HIGHWAY  
SUITE 250-S  
TAMPA, FL 33618 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HOLCOMB, JOHN S SR.  
Address 14499 N DALE MABRY HWY  
SUIITE 250-S  
City-State-Zip: TAMPA FL 33618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN HOLCOMB

P

01/28/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date