2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # F30734 SOUTHEASTERN STAFFING, INC. 01-31-2001 90063 048 ***150.00 Principal Place of Business Mailing Address 225 W. BUSCH BLVD. 225 W. BUSCH BLVD. **TAMPA FL 33612** TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2084282 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O hber is Not table) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTOR 12. 11. ☐ Addition TITLE TITLE SAUNDERS, RON NAME NAME 14142 DENWER W PKWAY STREET ADDRESS STREET ADDRESS GOLDEN CO 80401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE PENDRE, THOMAS NAME NAME 225 West STREET ADDRESS 225 W BUSGY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** ☐ Delete TITLE TITLE MIESBAUEN, JERR S. Miesbauel NAME NAME STREET ADDRESS 225 W BUSCH BLVD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP