

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90090 019 ***150.00

05/15/04
 43

DOCUMENT # P01000015840

1. Entity Name

LABOR SOLUTIONS STAFFING SERVICES, INC.

Principal Place of Business

**30 SUN RAY PLAZA
 FROSTPROOF FL 33843**

Mailing Address

**30 SUN RAY PLAZA
 FROSTPROOF FL 33843**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3705908

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RAFOOL, BRANDON J ESQ
 1519 THIRD STREET SE
 WINTER HAVEN FL 33880~~

Name

BAXTER Troutman

Street Address (P.O. Box Number is Not Acceptable)

30 Sun RAY PLAZA

City

Frostproof, FL

FL

Zip Code

33843

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

Baxter Troutman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.28.02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | TROUTMAN, BAXTER G |
| STREET ADDRESS | 30 SUN RAY PLAZA |
| CITY-ST-ZIP | FROSTPROOF FL 33843 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MATTESON, BRYON G |
| STREET ADDRESS | 30 SUN RAY PLAZA |
| CITY-ST-ZIP | FROSTPROOF FL 33843 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | TROUTMAN, STUART C |
| STREET ADDRESS | 30 SUN RAY PLAZA |
| CITY-ST-ZIP | FROSTPROOF FL 33843 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | CROSS, ALBERT |
| STREET ADDRESS | 30 SUN RAY PLAZA |
| CITY-ST-ZIP | FROSTPROOF FL 33843 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HOOD, LISA |
| STREET ADDRESS | 30 SUN RAY PLAZA |
| CITY-ST-ZIP | FROSTPROOF FL 33843 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Baxter Troutman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.02

863.635.6650

Date

Daytime Phone #

CR2E034 (9/01)