2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P98000088669 1. Entity Name ADMIN TEMPS, INC. 03-13-2001 90109 035 ***150.00 Mailing Address Principal Place of Business 2074 TANGLEWOOD WAY N.E. 2074 TANGLEWOOD WAY N.E. ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3537481 Not Applicable Zip \$8.75 Additional Country Zip 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 MOYER-RUPENSKI, JULIE Street Address (P.O. Box Number is Not Acceptable) 2074 TANGLEWOOD WAY N.E. ST. PETERSBURG FL 33702 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 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 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DΡ Change ☐ Addition TITLE ☐ Delete TITLE RUPENSKI, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 2074 TANGLEWOOD WAY N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 Change ☐ Addition ☐ Delete TITLE MOYER-RUPENSKI, JULIE NAME NAME STREET ADDRESS 2074 TANGLEWOOD WAY N.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME RUPENSKI, TIMOTHY STREET ADDRESS STREET ADDRESS 2074 TANGLEWOOD WAY N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME RUPENSKI, KRISTI STREET ADDRESS STREET ADDRESS 2074 TANGLEWOOD WAY N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR