

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0657928 AT

DOCUMENT # F02000001757

1. Entity Name
REMEDY TEMPORARY SERVICES, INC.



Principal Place of Business
101 ENTERPRISE
ALISO VIEJO CA 92656

Mailing Address
101 ENTERPRISE
ALISO VIEJO CA 92656

FILED

03 MAY 12 AM 11:14

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 33-0867385

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip 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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME PALMER, GREG
STREET ADDRESS 101 ENTERPRISE
CITY-ST-ZIP ALISO VIEJO CA 92656



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



000020054290
05/29/03--01003--001 **158.75

TITLE V
NAME PURDY, ALAN M
STREET ADDRESS 101 ENTERPRISE
CITY-ST-ZIP ALISO VIEJO CA 92656



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE S
NAME LYKOS, COSMAS
STREET ADDRESS 101 ENTERPRISE
CITY-ST-ZIP ALISO VIEJO CA 92656



TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)