

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90068 002 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000004939

1. Entity Name

EMPLOYMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

11590 W BERNARDO CT
SAN DIEGO CA 92127

11590 W BERNARDO CT
SAN DIEGO CA 92127-1622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0496597

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

HENIGAR, ROBERT L.
640 E HIGHWAY 44
CRYSTAL RIVER FL 34429

Name

Ray J. Berryman

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

1221 W. Colonial Drive, #300

City

Orlando

FL

Zip Code

32804

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

Ray J. Berryman

Ray J. Berryman, C.E.O.

1/28/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	DC	<input type="checkbox"/> Delete
NAME	BERRYMAN, RAY J	
STREET ADDRESS	11590 W BERNARDO CT	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JON A	
STREET ADDRESS	11590 W BERNARDO CT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HENIGAR, ROBERT L	
STREET ADDRESS	640 E HWY 44	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIERY, MICHELLE	
STREET ADDRESS	11590 W BERNARDO CT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERRYMAN, MARY J	
STREET ADDRESS	11590 W BERNARDO CT	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, KVAWDALL	
STREET ADDRESS	11590 W. BERNARDO CT #200	
CITY-ST-ZIP	SAN DIEGO CA 92127	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1221 W. Colonial Drive, #300	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Ray J. Berryman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 (858) 451-6100

Date

Daytime Phone #

CR2E034 (9/99)