2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9800005999 Sep 18, 2000 8:00 am Secretary of State PENSACOLA STAFFING SERVICE, INC. 09-18-2000 90047 017 ***550.00 Principal Place of Business Mailing Address 2600 MCFARLAND BLVD E., STE E 1905 E. OLIVE RD PENSACOLA FL 32514 TUSCALOOSA AL 35405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 63-1211271 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DODD, SCOTT Street Address (P.O. Box Number is Not Acceptable) 1905 EAST OLIVE DRIVE PENSACOLA FL 32514 Zip Code 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition PCD Change ☐ Delete TITLE NAME SCULLY, STEVEN T NAME STREET ADDRESS STREET ADDRESS 2600 MCFARLAND BLVD E., STE E CITY-ST-ZIP CITY-ST-ZIP TUSCALOOSA AL Change ☐ Addition TITLE VSD ☐ Delete TITLE NAME SCULLY, JUDY NAME STREET ADDRESS 2600 MCFARLAND BLVD E., STE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUSCALOOSA AL ☐ Addition TITLE ε . - - - X Defete TITI F NAME FISHER, JOSEPH E NAME STREET ADDRESS 2600 MCFARLAND BLVD E., STE E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUSCALOOSA AL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition T/T/LE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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