

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90081 050 ***150.00

DOCUMENT # G30209**1. Entity Name**
FLORAPERSONNEL, INC.**Principal Place of Business****1740 LAKE MARKHAM**
SANFORD
LONGWOOD FL 32271
US**Mailing Address****C/O LEBOEUF, LAMB, GREEN & MACRAE**
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202
US**00022900**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**1740 Lake Markham Road****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**Sanford, Florida****City & State****4. FEI Number 59-2278979****Applied For****Not Applicable****Zip****32771****Country****USA****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****ZAHRA, ROBERT F.**
1740 LAKE MARHAM ROAD
SANFORD
LONGWOOD FL 32779
Sanford 32771**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code**
32271**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)

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, 2001 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ZAHRA, ROBERT FOKES ☐ Delete
733 RIVERBEND BLVD.
LONGWOOD FL**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ZAHRA, ASHLEY MANNING ☐ Delete
733 RIVERBEND BLVD.
LONGWOOD FL**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DEVINE, JUDITH K ☐ Delete
1740 LAKE MARKHAM RD.
SANFORD FL 32771**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
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☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

Daytime Phone #

CR2E034 (10/00)

0010689