

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56578

1. Entity Name
PERSONNEL POWER, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90027 022 ***150.00

Principal Place of Business P O BOX 55 ORLANDO FL 32802	Mailing Address P O BOX 55 ORLANDO FL 32802-0055
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2529477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEARD, KENNTH O. 10600 S. ORANGE AVENUE TAFT FL 32824		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.

SIGNATURE _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME SD BEARD, KENNETH O.	<input type="checkbox"/> Delete	TITLE NAME P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7120 LAKE ELLENOR DR ORLANDO FL 32809		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME PD BENITEZ, AGUSTIN J.	<input checked="" type="checkbox"/> Delete	TITLE NAME S Richard J. Wilson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7120 LAKE ELLENOR DR ORLANDO FL 32809		STREET ADDRESS 7120 Lake Ellenor Drive Orlando, Florida 32809	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME AS Craig T. Coffey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 7120 Lake Ellenor Drive Orlando, Florida 32809	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	

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: Craig T. Coffey Date: 1/21/00 Daytime Phone #: 407 855 3939

FORM 1000 (02/00)