2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am § Secretary of State DOCUMENT # L99687 03-22-2002 90068 026 ***150 00 F-O-R-T-U-N-E PERSONNEL CONSULTANTS OF ORLANDO, INC. Principal Place of Business Mailing Address 982 DOUGLAS AVE 200 E. ROBINSON ST. STE-104 SUITE 500 ALTAMONTE SPRINGS FL 32714 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3033078 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent STONER, DELANCETT & BROWN, P.A. FLORIDA CORPORATE SUPPORT INC. Street Address (P.O. Box Number is Not Acceptable) 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801 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. クトロ ヘノさっし Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change ☐ Addition LAIRD, GEORGE J. NAME NAME 978 INNSWOOD COURT STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP TITI F DST ☐ Addition ☐ Delete TITLE Change NAME LAIRD, AUDREY C. NAME STREET ADDRESS 978 INNSWOOD COURT STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS 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.

FILED