2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to exchanged, or on an attachmen with an andress, with all other

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N93000005769 1. Entity Name 04-02-2001 90040 015 ****61.25 STAFFPAC, INC. Principal Place of Business Mailing Address 3910 RCA BLVD. STE 1001 3910 RCA BLVD, STE 1001 \mathbf{v} PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country \$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 Street Address (P.O. Box Number is Not Acceptable) **BURNETT, JEFFREY S** 3910 RCA BLVD STE 1001 PALM BEACH GARDENS FL 33410 Zip Code FI 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CPD : TITLE Change ☐ Addition TITLE ☐ Delete BURNETT, JEFFREY NAME NAME STREET ADDRESS 3910 RCA BLVD STE 1001 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change KLORFEIN, JONATHON NAME NAME STREET ADDRESS 3910 RCA BLVD, STE 1001 STREET ADDRESS CITY_ST_ZIP. PALM BEACH GARDENS FL 33410 CITY-ST-78P TITLE ☐ Delete TITLE Change ☐ Addition GALLAGHER, ROBERT NAME NAME STREET ADDRESS 3910 RCA BLVD STE 1001 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

est March 28, 2001 561 627-6507