2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000014801 1. Entity Name ALL FLORIDA STAFFING, INC. 04-30-2001 90397 043 ***150.00 Principal Place of Business Mailing Address 779 KEENLAND PIKE 779-KEENLAND-PIKE LAKE MARY FL 32746. LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address 2111 GARDEN ST 2111 GARDEN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59 -3635050 TITUSVILL Not Applicable \$8.75 Additional 5. Certificate of Status Desired BREVARD SREVAR) Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OAKLEY, LARRY B Street Address (P.O. Box Number is Not 10554 WINTERS ROW TALLAHASSEE FL 32312 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 DAVID SWANN 9. This corporation is éligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. **₽**#Odition VICE PRESIDENT DRESIDENT / SEC/TRES Delete TITLE TITLE LARRY DAKLEY NAME NAME DAVID W STREET ADDRESS STREET ADDRESS 10554 WINTERS ROW CITY-ST-ZIP CITY-ST-ZIP TALIAHMSSER, FL 32312 ☐ Addition TITLE TITLE NAME NAME JONES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEL Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE 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 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. AVID W SWAND / PRES 4/23/01 321-269-6700 SIGNATURE: