2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000065108 1. Entity Name ADVANTAGE HIRE, INC. 05-02-2001 90185 048 ***150.00 Principal Place of Business Mailing Address 15 W STRONG ST. SUITE 20-A 15 W STRONG ST. SUITE 20-A PENSACOLA FL 32501 PENSACOLA FL 32501 C0057952 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-366 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KALW BE BOYLES, KARL W JR Street Address (P.O. Box Number is Not Acceptable) 1121 N 9TH AVE PENSACOLA FL 32501 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. (NOTE: Registered Agent signature required when reinstating) ont and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Flection Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE Detete Markx&dmms Simms, Mark NAME NAME HANDLEY, TIMOTHY 20-A 15 W. Strong St., Ste. STREET ADDRESS STREET ADDRESS 310 W BLOUNT ST Pensacola, FL 32501 CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32501 TITLE TITLE Handley, Timothy S. NAME CAMPBELL, MARIE NAME STREET ADDRESS 310 W. Blount St. STREET ADDRESS 608 DESERT OAK CT CITY-ST-ZIP Pensacola, FL 32501 CITY-ST-ZIP PENSACOLA FL 32514 Delete TITLE TITLE Bruner Diane 15 W. Strong St., Ste. 20-A NAME IRPS, DALE NAME STREET ADDRESS STREET ADDRESS 2617 YOUNGWOOD LANE Pensacola, FL 32501 CITY - ST - ZIP CITY-ST-ZIP CANTONMENT FL 32533 Change ☐ Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete BILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 850-439-2308