

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90049 037 \*\*\*150.00

0690742 FP

**DOCUMENT # P01000015840**

1. Entity Name  
**LABOR SOLUTIONS STAFFING SERVICES, INC.**



Principal Place of Business  
**30 SUN RAY PLAZA  
FROSTPROOF FL 33843**

Mailing Address  
**30 SUN RAY PLAZA  
FROSTPROOF FL 33843**

**11027215**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3705908**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TROUTMAN, BAXTER  
30 SUN RAY PLAZA  
FROSTPROOF FL 33843**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Baxter Troutman* (NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TROUTMAN, BAXTER G</b>	
STREET ADDRESS	<b>30 SUN RAY PLAZA</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATTESON, BRYON G</b>	
STREET ADDRESS	<b>30 SUN RAY PLAZA</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TROUTMAN, STUART C</b>	
STREET ADDRESS	<b>30 SUN RAY PLAZA</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROSS, ALBERT</b>	
STREET ADDRESS	<b>30 SUN RAY PLAZA</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOOD, LISA</b>	
STREET ADDRESS	<b>30 SUN RAY PLAZA</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other time empowered.

SIGNATURE: *Baxter Troutman* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: **4/28/03**

Daytime Phone #

CR2E034 (10/02)