2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

PO BOX 1857 HIGH SPRINGS FL 32655

P01000023328 **DOCUMENT#**

Country

1. Entity Name

PO BOX 1857

Principal Place of Business

2. Principal Place of Business

HIGH SPRINGS FL 32655

Suite, Apt. #, etc.

City & State

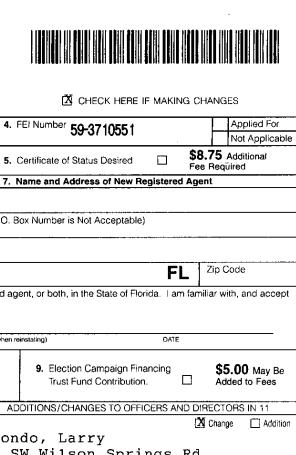
Zip

RESCO TEMPMASTERS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90429 035 ***150.00



		<u> </u>				<u></u>			ree Require	tu
	6. Name	and Address of Current R	egistered Agent			7. Name a	and Address	of New Register	ed Agent	
RESMONDO, LARRY					Name					
715 NW 1ST AVE.					Street Address (P.O. Box Number is Not Acceptable)					
HIGH SPRI		NC 4 O							,,	
nian ornii	NGO FL 32	1043								
			•	City	у			F	Zip Cod	le
	named entititions of regis	y submits this statement for t tered agent.	he purpose of changing its	registered offi	ce or register	ed agent, or	both, in the S	itate of Florida. Ta	am familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent	signature required	when reinstating		DAT	E	
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 Car Trust Fund C	npaign Financing contribution.)0 May Be d to Fees
10.	*****	OFFICERS AND D	IRECTORS	11.		ADDITIO	NS/CHANGE	S TO OFFICERS A	ND DIRECTOR	S IN 11
STREET ADDRESS	d Resmond Rt 2 Box Ft. White	8842	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS 4858	B SW W		/ Springs 32038	☑ Change Rđ	Addition
STREET ADDRESS	d Resmond Rt 2 Box Ft. White	8842	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS 4858	3 SW W		F. Springs 32038	I∏ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME Street Addr City-St-Zip					☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Delete .	TITLE NAME STREET ADDR			**************************************		☐ Change	Addition

Country

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 like empowered.

SIGNATURE:

386-454-4433