FILED Apr 21, 2002 8:00 am Secretary of State 2002 Uniform Business Report (UBR)

DOCUMENT # P0100040263 1. Entity Name BTI SKILLED STAFFING, INC.						002 90004 025 *	
9738 HIGHWI SUITE #105 LEESBURG F		Mailing Address 9738 HIGHWAY 441 SUITE #105 LEESBURG FL 34788					
,	10 Ave 50.	Suite, Apt. #, etc.	م. <u>~</u>		DO NOT WRITE	E IN THIS SPACE	
City & State Nashvi Zip 333370	le TN Country	37201	Country Davidson	5. (FEI Number 59-3705362 Certificate of Status Desired Name and Address of New Re	\$8.75 Ad Fee Require	
ABELES, DAVID E 5 WEST HIGHBANKS ROAD DEBARY FL 32713 City De 1400a FL 33725							
8. The above named entity customire this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (1) ANTE S LARD D Signature, typed or printed name of registered agent, and tree is equal to the in equal to the interpolation of the purpose of changing its registered agent, or both, in the State of Florida. (NOTE: Registered Agent) Agent part of the purpose of changing its registered agent, or both, in the State of Florida.							
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$ After May 1, 2002 Fee will I Make Check Payable to Depart				50.00	10. Election Campaign Fina Trust Fund Contribution		May Be
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD LANGTON, TINA 01649 SPRING LAKE ROAD FRUITLAND PARK FL 34731	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD Langto 354 Vil	DITIONS/CHANGES TO OFFICE ON, Tine lage Greenbr. The TN 37201	CERS AND DIRECTOR Change	CH2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD BODOH, CEDRIC 1189 WYCLIFFE STREET DELTONA FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	635 Bo	Cedric ind Blud Liver, WI 545	Change	Addition 🖔
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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 tipe empowered.							
SIGNATURE: Who M. Wang Alis Tina M. Langton 2-6-02 (615) 244-0395 SIGNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OF DIRECTOR Dala Daylore Priorie #							