2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90207 027 ***150.00

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DOCUMENT # P01000049485

1. Entity Name
501(C) OUTSOURCE CORP

Principal Place of Business	Mailing Address
12560 EQUESTRIAN CIRCLE 1315 FT. MYERS FL 33907 US	12560 EQUESTRIAN CIRCLE 1315 FT. MYERS FL 33907 US

2. Principal Place of Business	3. Mailing Address
15397 Moonraker Ct	15397 Moonraker Ct
Suite, Apt. #, etc.: #603	Suite, Apt. #, etc.: #603
City & State: North Ft. Myers	City & State: North Ft. Myers
Zip: 33917 Country: Lee US	Zip: 33917 Country: US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR 59-3725381 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSS, JOAN E 12560 EQUESTRIAN CIRCLE 1315 FT. MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) 15397 Moonraker Ct #603 City N. Ft. Myers FL Zip Code 33917

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 Joan E Foss 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSS, JOAN E 12560 EQUESTRIAN CIRCLE, #1315 FT. MYERS FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 15397 Moonraker Ct #603 N. Ft. Myers, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGNATURE REQUIRED Joan E Foss, President 4/11/03 239 433-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)