2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000102856

Entity Name: PLATINUM STAFFING SOLUTIONS, INC.

FILED Mar 05, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6900-29 DANIELS PARKWAY 11000 METRO PRKWY UNIT #9

#174 UNIT (

FORT MYERS, FL 33912 FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

6900-29 DANIELS PARKWAY #174 FORT MYERS, FL 33912

FEI Number: 65-1146365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREWER, LYNN A

12065 METRO PARKWAY

SUITE 203

FORT MYERS, FL 33912 US

BREWER, LYNN A

6900-29 DANIELS PKWY

SUITE 174

FORT MYERS, FL 33912 US

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.

SIGNATURE: LYNN BREWER 03/05/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: CFO (X) Change () Addition BREWER, LYNN A Name: BREWER, LYNN A Name: 12065 METRO PARKWAY, SUITE 203 11000 METRO PKWY #9 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete Title: V (X) Change () Addition

Name: KALETTA, CHRISTOPHER P Name: LANG, JAMES A
Address: 12065 METRO PARKWAY Address: 11000 METRO PKWY #9

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete Title: S (X) Change () Addition Name: MARQUARDT, THOMAS L Name: BAKER, GARY

Address: 12065 METRO PARKWAY, SUITE 203 Address: 11000 METRO PKWY #9
City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 MARQUARDT, THOMAS L

 Address:
 Address:
 11000 METRO PKWY #9

 City-St-Zip:
 City-St-Zip:
 FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN BREWER COE 03/05/2003