2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000018606

1. Entity Name

DOCUMENT #

HUMAN CAPITAL SYSTEMS, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90015 039 ***150.00

					COD WE TO					
Principal Plac	ce of Busines	s .	Mailing Address		<u>-</u>					
18010 WYNTHORNE DRIVE			18010 WYNTHORNE DRIVE							• •
TAMPA FL 33647			TAMPA FL 33647							
				•		1 (00)(00)		1181 11 81 11812 1 119	I e n 1 2 010 - 1 1131 (18118 8111 1881
		1								
2 Principal S	Place of Pusi	0000	3. Mailing Address			- 				11 1 1 1 1 1 1 1 1 1
2. Principal Place of Business										
3812 Gunn Highway			3812 Gunn Highway			1	1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			l n	CHECK HERE	IF MAKING	CHANGES	
Suite 0			Suite D				OTTE OTT THE TE		0	
City & Stat	te	'	City & State	*		4. FEI Number	-		A	oplied For
Tamo	na F	Torida	Tampa	Flurid	C	02-05	53790		No	ot Applicable
Zip	,	Country	Zip	Count		1			8.75 Ad	
33629	4	υŠΑ	33624		,5A	5. Certificate of	Status Desired		ee Require	
2265				<u> </u>	<i>D</i> • • • • • • • • • • • • • • • • • • •	7 Name and 6			•	iu .
	6. Name	and Address of Current	Hegistered Agent		N1.	7. Name and Ad	oress of New	Registered A	gent	
					Name	‡				I
BUSINESS FILINGS INCORPORATED			Ctroot Address /			(P.O. Box Number is Not Acceptable)				
1000 WES	ST AVENUE	SUITE 1114	Street Address (P.O. Box Number is	Not Acceptabl	e)		
			•	}			i		· · ·	
MIAMI BE	ACH FL 33	139					į			
		a		<u> </u>	City		3	P= 1	Zip Cod	Δ
		r	•		Oity		ŧ	FL		Ŭ
8. The above	e named entit	y submits this statement fo	or the purpose of changi	na its reaistere	d office or register	ed agent, or both, i	n the State of Fl	lorida. I am fa	miliar with.	and accept
the obligat	tions of regis	terecl agent.	, and purpose of crising.	ng no rogicioio		ou agoin, or aoui,	1		,	
	_									
SIGNATURE .			(
-	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	3.7	DATE		
=	HE MOWN	!! FEE IS \$150.00	E				ė.			
						9. Election	on Campaign Fi	inancing	\$5.0	0 May Be
		03 Fee will be \$550.00				Trust I	und Contribution	on.	Added	to Fees
Make Check	k Pavable to	a Finitina i Johantment n								
		3 i dinaa Department o	r State							
10.		OFFICERS AND	4	11.		ADDITIONS/CH	IANGES TO OF	FICERS AND	DIRECTOR	S IN 11
-	D	<u> </u>	DIRECTORS			ADDITIONS/CH	IANGES TO OF	FICERS AND		
TITLE	D	OFFICERS AND	4	TITLE	1	ADDITIONS/CH	IANGES TO OF	FICERS AND	DIRECTOR Change	S IN 11
TITLE NAME	D MCMANUS	OFFICERS AND	DIRECTORS	TITLE NAME		ADDITIONS/CH	IANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS	TITLE NAME STREE	ET ADDRESS	ADDITIONS/CH	IANGES TO OF	FICERS AND		
TITLE NAME	D MCMANUS	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS	TITLE NAME STREE		ADDITIONS/CH	IANGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS	TITLE NAME STREE	ET ADDRESS ST-ZIP	ADDITIONS/CH	IANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP	ADDITIONS/CH	IANGES TO OF		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY-: TITLE NAME	ET ADDRESS ST-ZIP	ADDITIONS/CH	IANGES TO OF		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY-: TITLE NAME STREE	ET ADDRESS ST-ZIP	ADDITIONS/CH	ANGES TO OF		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CH	ANGES TO OF		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY-: TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CH	ANGES TO OF		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CH	ANGES TO OF		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ANGES TO OF		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ADDITIONS/CH	ANGES TO OF		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ANGES TO OF		Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ANGES TO OF		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ANGES TO OF		Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ANGES TO OF		Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME NAME	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ANGES TO OF		Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE STREE STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		ANGES TO OF		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		•		Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		•		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP		•		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		•		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		•		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		•		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		•		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCMANUS 18010 WY	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP		•		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMANUS 18010 WY TAMPA FL	OFFICERS AND S, CHRISTOPHER NTHORNE DRIVE	DIRECTORS Delete Delete Delete Delete Delete	TITLE NAME STREE CITY-:	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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 receive 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:

813-632-3400