

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90095 018 ***150.00

DOCUMENT # P02000063974

1. Entity Name
PLM STAFFING, INC.



Principal Place of Business
**10600 S. ORANGE AVENUE
ORLANDO FL 32824-7723**

Mailing Address
**10600 S. ORANGE AVENUE
ORLANDO FL 32824-7723**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0616501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYERS, PAUL L
10600 S. ORANGE AVENUE
ORLANDO FL 32824-7723**

Name
E. Jay Strates

Street Address (P.O. Box Number is Not Acceptable)
10600 Orange Ave.

City
Orlando

FL

Zip Code
32824

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 **E. Jay Strates**

Signature, typed or printed name of registered agent and title if applicable.

E. Jay Strates

(NOTE: Registered Agent signature required when reinstating)

04/24/03

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 **D** ☐ Delete
NAME **MEYERS, PAUL L**
STREET ADDRESS **10600 S. ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32824-7723**

TITLE **DP** ☒ Change ☐ Addition
NAME **Meyers, Paul L.**
STREET ADDRESS **10600 Orange Ave.**
CITY-ST-ZIP **Orlando, FL 32824-7723**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
NAME **Cindy S. Curry**
STREET ADDRESS **10600 Orange Ave.**
CITY-ST-ZIP **Orlando, FL 32824-7723**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Paul L. Meyers** **REQUIRED** **Meyers, Pres.**

04/24/03

(407) 855-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)