

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37292

1. Entity Name

TEAM AMERICA OF ORLANDO, INC.

Principal Place of Business

7380 SAND LAKE RD., SUITE 522
ORLANDO FL 32819

Mailing Address

110 E. WILSON BRIDGE ROAD
WORTHINGTON OH 43085

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME COSTELLO, KEVIN T
STREET ADDRESS 5352 DUNNIKER PARK DRIVE
CITY-ST-ZIP DUBLIN OH 43017



TITLE SC
NAME JOHNSTON, WILLIAM W
STREET ADDRESS 303 NEW ENGLAND AVENUE
CITY-ST-ZIP WORTHINGTON OH 43085



TITLE T.
NAME GERLACHER, THOMAS L
STREET ADDRESS 5881 DUNABBEY LOOP
CITY-ST-ZIP DUBLIN OH 43017



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

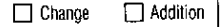


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



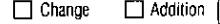
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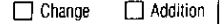
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS L. GERLACHER 4/25/01 (614) 848-3995

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90140 007 ***158.75

80056144



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1338971

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

CR2E034 (10/00)