2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # P37508** TEMPORARY LABOR, INC. 04-28-2001 90071 041 ***150.00 Principal Place of Business Mailing Address 631 NORTH RIDGEWOOD AVENUE 631 N. RIDEGWOOD AVENUE DAYTONA BCH. FL 32114 DAYTONA BCH. FL 32114 UUU4231U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3102847 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANTAGES, DANA Street Address (P.O. Box Number is Not Acceptable) 631 NORTH RIDGEWOOD AVENUE DAYTONA BCH. FL\\$2114 City Zip Code 8. The above named entity subm his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 04/09/01 SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CDP TITLE ☐ Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete PANTAGES, DANA NAME NAME 631 N. RIDGEWOOD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH. FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TĪTLĒ ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nformation 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 is 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 receiver or trustee a powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the remaining the results of the remaining the remaining that the remainin 13. I hereby certify that the indicated on this report of of the corporation or the changed, or on an attack

04/09/01

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