

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90054 007 ***150.00

DOCUMENT # P92000005149

1. Entity Name

STRATEGIC OUTSOURCING INC. OF FL.

Principal Place of Business

~~4421 STUART ANDREW BLVD.~~
~~SUITE 200~~
~~CHARLOTTE NC 28217~~
 US

Mailing Address

~~4421 STUART ANDREW BLVD.~~
~~SUITE 200~~
~~CHARLOTTE NC 28217~~
 US

2. Principal Place of Business

5200 Parkway Plaza Blvd

3. Mailing Address

PO Box 241448

Suite, Apt. #, etc.

Suite 140

Suite, Apt. #, etc.

City & State

Charlotte NC

City & State

Charlotte NC

Zip

28217

Country

USA

Zip

28224

Country

USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	CEOS FOTSCH, ROBERT M 140 CHESHIRE LANE MOORESVILLE NC 28115	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOTSCH, ROBERT M 140 CHESHIRE LANE MOORESVILLE NC 28115	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, DAVID G 13442 FREMINGTON RD. HUNTERVILLE NC 28078	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THIGPEN, JOHN B 3826 YORKFORD RD. CHARLOTTE NC 28269	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NEAL, JAMES W 4421 STUART ANDREW BLVD #200 CHARLOTTE NC 28217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 241448 Charlotte NC 28224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James W Neal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01
 Date

704-523-2911
 Daytime Phone #

CR2E034 (10/00)