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FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Aug 11, 2002 8:00 am . Secretary of State DOCUMENT # P92000005149 1. Entity Name 08-11-2002 90152 001 ***150.00 STRATEGIC OUTSOURCING INC. OF FL. 08-11-2002 90152 002 ***400.00 Principal Place of Business Mailing Address P.O. BOX 241448 5260 PARKWAY PLAZA BLVD. CHARLOTTE NC 28224 SUITE 140 CHARLOTTE NC 28217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3151335 Not Applicable Zip Country Zip 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 CORPORATION SERVICE COMPANY Street-Address*(P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE **CEOS** ☐ Delete TITLE ☐ Change ☐ Addition FOTSCH, ROBERT M NAME NAME STREET ADDRESS 140 CHESHIRE LANE STREET ADDRESS MOORESVILLE NC 28115 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition FOTSCH, ROBERT M STREET ADDRESS STREET ADORESS 140 CHESHIRE LANE CITY-ST-ZIP MOORESVILLE NC 28115 CITY-ST-ZIP TITLE PN -☐ Delete -TITLE -Change ☐ Addition NAME BELL, DAVID G NAME STREET ADDRESS 13442 FREMINGTON RD. STREET ADDRESS CITY - ST - ZIP **HUNTERSVILLE NC-28078** -CITY_ST-ZIP-TITLE Delete TITLE ☐ Change . Addition NAME THIGPEN, JOHN B NAME STREET ADDRESS 3826 YORKFORD RD. STREET ADDRESS CHARLOTTE NC 28269 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ▼ Addition TITLE Michael Willson Po Box 241448 NEAL, JAMES W NAME NAME P.O. BOX 241448 STREET ADDRESS STREET ADDRESS

Charlotte NC 28224-1448 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS **CHARLOTTE NC 28224**

SIGNATURE: CONCENTRATE REQUIRITIES Patelunas

☐ Delete

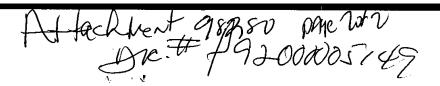
Charlotte NC 28224- 1448

R. Joseph Patelunas PO Box 241448

704-523-2191

☐ Change

Addition





PO Box 241448 Charlotte NC 28224, Ph. 1-800-572-2412

July 12, 2002

Florida Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir,

Please file the enclosed report as paid in full with the \$150.00 enclosed.

We are asking that you abate the \$400 penalty for late filing. We have had major changes in our staffing since December and did not realize that these were still outstanding. We have added a Compliance Officer to our staff to insure these types of things to not happen again.

Thank you for your cooperation in this matter.

Sincerely,

R. Joseph Patelunas
Tax Director

Coseph Patellinas