

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90229 042 \*\*\*158.75

**DOCUMENT # P92000008497**  
 1. Entity Name  
**HELP PERSONNEL, INC.**

Principal Place of Business      Mailing Address  
**1700 FAWSETT**      **P.O. BOX 411**  
**WINTER PARK FL 32789**      **WINTER PARK FL 32790**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

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 **59-3151339**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPRIGGS, JERI**  
**1110 SW IVANHOE BLVD**  
**UNIT 14**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Suzan Spriggs Strates**  
 Street Address (P.O. Box Number is Not Applicable) **1700 Fawcett Rd.**  
 City **Winter Park FL**      Zip Code **32789**

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 **Suzan Spriggs Strates President 2/20/02**  
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, 2002 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          | <b>P</b> <input type="checkbox"/> Delete             |
| NAME           | <b>STRATES, SUZAN SPRIGGS</b>                        |
| STREET ADDRESS | <b>1700 FAWSETT RD.</b>                              |
| CITY-ST-ZIP    | <b>WINTER PARK FL 32789</b>                          |
| TITLE          | <b>ST</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SPRIGGS, JERI</b>                                 |
| STREET ADDRESS | <b>1110 SW IVANHOE BLVD. UNIT 14</b>                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32804</b>                              |
| TITLE          | <input type="checkbox"/> Delete                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <b>P/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Strates, Suzan Spriggs</b>   |
| STREET ADDRESS | <b>1700 Fawcett Rd.</b>   |
| CITY-ST-ZIP    | <b>Winter Park FL 32789</b>   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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: **Suzan Spriggs Strates 2/20/02 (407)539-1448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)