## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93 000 4059

## FILED Apr 12, 2004 8:00 am Secretary of State

1. Entity Name  Employment Resources Inc.						04-12-2004 90280 030 ***158.75			
-	DO NOT WRITE		PACI	E		44026971			
2. Principal Pl	lace of Business	3. Mailing Address		* -		. 440500			
	2 N University Dri	j	F7						
Suite, Apt.		Ve 4462 N Suite, Apt. #, etc.	Un1-V	ersity	ur	DO NOT WRITE IN THIS SPA	√CE		
City & State		City & State			4. FE	Number	Applied	For	
Lauc	derhill, Fl. 33351	Lauderhil	1 10	1 3335	1	65-0383247	Not App	olicable	
Zip	Country	Zip	1 Fountry	<del>r </del>	1	rtificate of Status Desired 🔀 \$8	.75 Additiona	al	
33	351 Broward	33351	Bro	ward		e and Address of Current Registered A	e Required		
e Transport (m. 1885) 1 Transport (m. 1885) 1 Transport (m. 1885) 1 Transport (m. 1885)				Name	7. Maill	e and Address of Current Registered A	Agur		
DO-NOT-WRITE				Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SP	ACE	+	<u> </u>			<del></del>		
and a service of the service and of the service of the service			-	City		FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or regist	ered agen	t, or both, in the State of Florida. I am fami	liar with, and a	ccept	
the ebligat	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent a	d life if applicable (AIOT	E. Da sistered	0.000		taling) DATE		_	
Jar	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Hegistered /	Agent signature requi	rea when reins	ialing) DATE	<del></del>		
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Ma Added to Fe		
10.	OFFICERS AND I	August (and Carlotte)				property of the state of the st		22 - 2 - 2 2 - 2 - 2	
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NAME	Marcia McPherso	n .	NAME					- 1	
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12.   hereby o	certify that the information supplied with	this filing does not qualify fo	r the exem	ption stated in	Section 11	9.07(3)(i), Florida Statutes. I further certify gal effect as if made under oath; that I am	that the inform	nation	
indicated of the cor	on this report or supplemental report is reporation or the receiver or trustee emp	true and accurate and that i owered to execute this repo	my signatu ert as requi	re shall have th ired by Chapter	e same leç 607, Florid	gal effect as if made under bath; that I am da Statutes; and that my name appears in	an officer or dir Block 10 or or	rector n an	