FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 14 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058512

1. Entity Name

Personnel Services Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3330 N University dr Suite, Apt. #, etc.	3330 N University dr Suite, Apt. #, etc.
City & State: Sunrise FL	City & State: Sunrise FL
Zip: 33351 Country: USA	Zip: 33351 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0509992 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mann Andrew L

Street Address (P.O. Box Number is Not Acceptable): 4300 N University dr Suite 203-C

City: Ft Lauderdale FL Zip Code: 33351

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: P NAME: Jeff Dowling STREET ADDRESS: 3330 N University dr CITY-ST-ZIP: Sunrise FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400005600654--3 -05/23/02--01071--020 ****300.00 ****300.00
TITLE: VP NAME: Christopher Dowling STREET ADDRESS: 69 Mandeville dr CITY-ST-ZIP: Wayne NJ 07049	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #