2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # P95000016457 1. Entity Name CORE EMPLOYER SERVICES, INC. 04-20-2000 90107 020 ***158.75 Principal Place of Business Mailing Address 12600 S BELCHER RD 12600 S BELCHER RD SUITE 104 SUITE 104 コスル エロン LARGO FL 33773-1656 LARGO FL 33773 3. Mailing Address 2. Principal Place of Business M.O. BOX 960 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3299321 FL 33779 ARGO Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33779 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIROSE, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 12600 S. BELCHER RD. SUITE 104 **LARGO FL 33733** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS こり Change Addition TITLE ☐ Delete TITLE DIROSE, J. RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 12600 S BELCHER RD, STE 104 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33773 Change ☐ Addition ☐ Delete TITLE TITLE RAWLS, EDGAR O NAME NAME 12600 S BELCHER RD, STE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **LARGO FL 33773** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4/15/00 727-535-2673

Daytime Phone #