

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 018 ***150.00

DOCUMENT # P96000035338

1. Entity Name
UNIVERSAL STAFFING EMPLOYMENT, INC.



Principal Place of Business

**100 E PINE STREET
STE 208
ORLANDO, FL 32801 US**

Mailing Address

**100 E PINE STREET
STE 208
ORLANDO, FL 32801 US**

2. Principal Place of Business - No P.O. Box #

5800 S. SEMORAN BLVD
Suite, Apt. #, etc.

3. Mailing Address

5800 S. SEMORAN BLVD
Suite, Apt. #, etc.

06082007 Chg-P CR2E034 (12/06)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3394706

Applied For
Not Applicable

Zip

32822

Country

USA

Zip

32822

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUTLER, DENICE D
100 E PINE STREET
SUITE 208
ORLANDO, FL 32801** **5800 S. SEMORAN BLVD
ORLANDO, FL 32822**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits the 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]

SAMUEL W. BUTLER

6/19/07

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BUTLER, SAMUEL
100 E PINE STREET, SUITE 208
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BUTLER, DENICE D
100 EAST PINE STREET STE. 208
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5800 S. SEMORAN BLVD
ORLANDO, FL 32822** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
5800 S. SEMORAN BLVD
ORLANDO, FL 32822** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL W. BUTLER

Date

6/19/07 (407)208-0944

Daytime Phone #