2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

\mathtt{FILED} DOCUMENT # **P96000103290** May 18, 2000 8:00 am Secretary of State 1. Entity Name AMTEMPS CORPORATION 05-18-2000 90294 003 ***150.00 Principal Place of Business Mailing Address 200 W FORSYTH ST 200 W FORSYTH ST **SUITE 1730 SUITE 1730** JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-4359 2. Principal Place of Business 3. Mailing Address ONE INDEPENDENT PRIVE ONE INDEPENDENT PRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Summe 2000 SUITE 2000 4. FEI Number Applied For City & State City & State 59-3422619 JACKS ONVILLE JACK LONVIUS Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32202 __US US Fee Required 32202 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRAUGHON, SCOTT Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE 200 W FORSYTH ST **SUITE 1730** SUITE 2000 JACKSONVILLE FL 32202 City Zip Code 32202 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 Make Check Payable to Department of State (See criteria on back) П OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPVS** DPVST Change Addition ☐ Delete TITLE DRAUGHON, RICHARD S DRAUGHON, RICHARD S NAME ONE INDEPENDENT DRIVE SUITE 2000 200 W FORSYTH ST STREET ADDRESS STREET ADDRESS JACK FONVILLE, FL 32202 CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE DRAUGHON, RICHARD SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 200 W FORSYTH ST STE 1730 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Change ☐ Addition TITLE ☐ Delete 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 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. 13. I hereby certify that the informat olied with indicated on this report or of the corporation or the rec

RICHARD SCOTT DRAUGHON

(904) 368-3777