2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700001342 Mar 30, 2000 8:00 am 1. Entity Name Secretary of State ACTION RECRUITING SERVICES, INC. 03-30-2000 90109 005 ***150.00 Principal Place of Business Mailing Address 2335 SUMMER BROOK ST P.O. BOX 411326 MELBOURNE FL 32940 MELBOURNE FL 32941-1326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3417508 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Michelle Mc Cormick Street Address (P.O. Box Number is Not Acceptable) FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE. SUITE 900 2335 Summer Brook MIAMI FL 33131 Me (bourne 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ De ete TITLE TITLE MCCORMICK, ROBERT G NAME NAME 2335 SUMMER BROOK ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE MCCORMICK, MICHELLE E NAME NAME 2335 SUMMER BROOK ST STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE MCCOMRICK, ROBERT G NAME 2335 SUMMER BROOK ST STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32940** CITY-ST-ZIP CITY-ST-78 ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR