

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009060

1. Entity Name -

SKILLED LABOR SOLUTIONS, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90013 019 \*\*\*150.00

Principal Place of Business

707 S. CHILLINGWORTH DR.  
WEST PALM BEACH FL 33409

Mailing Address

707 S. CHILLINGWORTH DR.  
WEST PALM BEACH FL 33409-4124

2. Principal Place of Business

1750 N. Florida Mango Rd.

3. Mailing Address

SANLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL.

City & State

Zip

Country

Zip

Country

33409

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENLEY, RANDALL W  
324 DATURA ST., STE. 300  
WEST PALM BEACH FL 33401

Name

GARY SOLENDER

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

1750 N. Florida Mango Rd. # 303

City

West Palm Beach

FL

Zip Code

33409

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

GARY M. SOLENDER, Pres.

1/3/00

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SOLENDER, GARY	
STREET ADDRESS	5761 UPLAND WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

GARY M. SOLENDER

1/3/00 (561) 689-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)