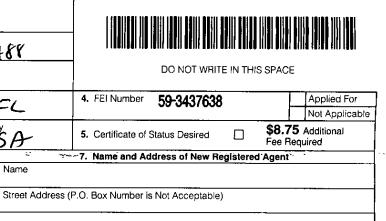
## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000035593** 1. Entity Name FLORIDA OCCUPATIONAL SERVICES, INC. Principal Place of Business Mailing Address 99 HICKORY TREE RD P O BOX 521488 LONGWOOD FL 32750 LONGWOOD FL 32752-1488 US 3. Mailing Address D. O. Box 521488 pal Place of Business Country Zip Country 6. Name and Address of Current Registered Agent Name KANTARJIAN, JERRY

## FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90220 048 \*\*\*150.00



Zip Code

FL

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
Tax filing requirement and elects to do so After MAY 1, 200		FEE IS \$150.00 I Fee will be \$550.00 to Department of State			Campaign Financing d Contribution.	□ <b>\$5</b>	.00 May Be led to Fees	
11. OFFICERS AND DIRECTORS			12.	AD	DITIONS/CHAN	GES TO OFFICERS A	AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KANTARJIAN, JERRY 99 HICKORY TREE RD LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Kantarjian, Beda 99 Hickory Tree RD Longwood FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Changi	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP	- government de comment	Delete T	- TITLE ** NAME STREET ADDRESS CITY-ST-ZIP		<b>+</b> ·		- Change	e - ⊡·Addition=
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	politicano de la companya della companya della companya de la companya della comp	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this	∟i Delete` ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	

13. Thereby 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

99 HICKORY TREE RD LONGWOOD FL 32750

SIGNATURE

or PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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

4-17-0

407-332-4933

Daytime Phon