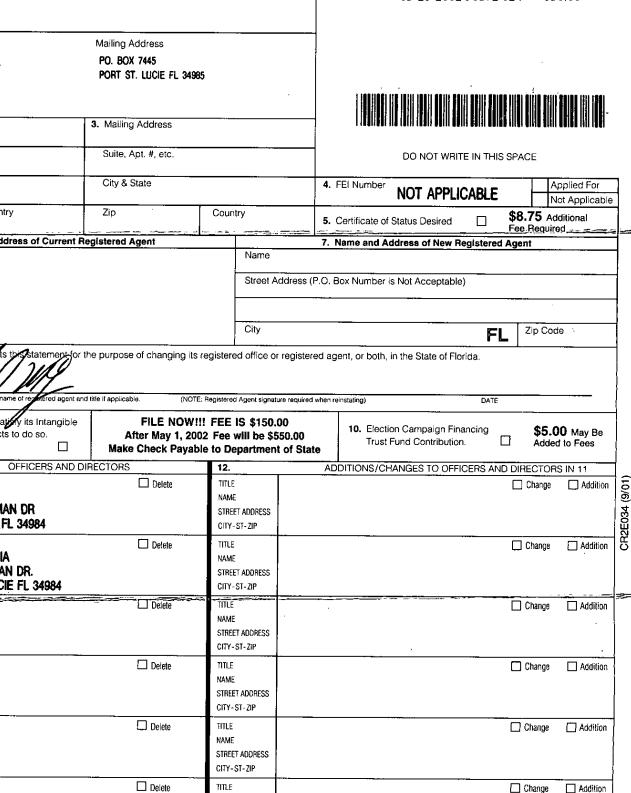
## **2002 UNIFORM BUSINESS REPORT (UBR)** P97000035603 DOCUMENT # 1: Entity Name PERSONNEL PROVIDERS, INC. Principal Place of Business Mailing Address 551 SE NORSEMAN DR PO. BOX 7445 PORT ST-LUCIE FL 34984 PORT ST. LUCIE FL 34985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name

ed agent and title if applicable

OFFICERS AND DIRECTORS

## FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 90872 024 \*\*\*150 00



CITY-ST-ZIP 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 officers, with all other like empowered.

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

TITI F

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Delete

☐ Delete

SIGNATURE:

MCKENZIE, JIM

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IE

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY=ST-ZIP

CITY-ST-7IP

551 SE NORSEMAN DR PORT ST LUCIE FL 34984

8. The above named entity subvi

(See criteria on back)

Signature, typed or price

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

MCKENZIE, JIM

MCKENZIE, MARIA

551 SE NORSEMAN DR

551 SW NOSEMAN DR.

PORT SAINT LUCIE FL 34984

PORT ST LUCIE FL 34984