2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000043203** 1. Entity Name PERSONNEL BEST, INC. 06-01-2000 90003 025 ***150.00 Principal Place of Business Mailing Address 1549 RINGLING BLVD., SUITE 602 1549 RINGLING BLVD., SUITE 602 SARASOTA FL 34236-6772 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0753143 Not Applicable 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 asha Kittenhouse (P.D. Box Number is Not Acceptable) MUSCO, STEPHEN M 1549 RINGLING BLVD., SUITE 602 SARASOTA FL 34236 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Detete TITLE TITLE HAMMOND, JOSEPH NAME NAME 7. 6102 GLEN ABBY LANE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ∟ ¹ Delete HARTFORD, PAUL W NAME 4232 53RD AVE W #2507 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-SY-7IP CITY-ST-ZIP ☐ Addition ☐ Channe M Delete TITLE MUSCO, STEPHEN M NAME 1549 RINGLING BLVD., SUITE 602 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE RITTENHOUSE, TASHA NAME 4232 53RD AVE W. #2507 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS 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 address, with all other like empowered.

SIGNATURE: