2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P97000074587 PERSONNEL BEST OF FLORIDA, INC. 05-23-2000 90212 050 ***150.00 Principal Place of Business Mailing Address 1549 RINGLING BLVD 1549 RINGLING BLVD SUITE 602 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 City & State 4. FEI Number 65-0781003 Not 'Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kittenhowse 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 \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. 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 12. 11. , 🔲 Addition Change TITLE ☐ Delete HARTFORD, PAUL W NAME NAME STREET ADDRESS 4232 53RD AVE W #2507 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** TITLE Change Addition Delete TITLE MUSCO, STEPHEN M NAME NAME 1549 RINGLING BLVD STE 602 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-7IP ☐ Change □ Addition TITLE Delete RITTENHOUSE, TASHA . . --NAME NAME 4232 53RD AVE W #2507 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP / Addition Change ☐ Delete TITLE HAMMOND, JOSEPH NAME NAME 6102 GLEN ABBY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Addition TITLE ☐ Delete TITLE Change 1000 - 1000 - 1000 - 1000 NAME NAME STREET ADDRESS STREET ADDRESS 21 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change | Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.