

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90800 006 \*\*\*158.75

**DOCUMENT # P97000106908**

1. Entity Name  
**HUMAN SERVICES TECHNOLOGIES, INC.**

Principal Place of Business 988 WOOD COCK RD STE 101 ORLANDO FL 32803 US	Mailing Address 988 WOOD COCK RD STE 101 ORLANDO FL 32803-3715 US
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D 0033001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1516 E. COLONIAL DR Suite, Apt. #, etc. 300 City & State ORLANDO FL	3. Mailing Address 1516 E. COLONIAL DR Suite, Apt. #, etc. 300 City & State ORLANDO FL
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4. FEI Number 59-3486057	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Country USA
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6. Name and Address of Current Registered Agent POWERS, RONALD 988 WOODCOCK RD STE 101 ORLANDO FL 32803	7. Name and Address of New Registered Agent Name WILLIAM A. CLEMMER Street Address (P.O. Box Number is Not Acceptable) 1516 E. COLONIAL DR - STE 300 City ORLANDO FL Zip Code 32803
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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 WILLIAM A. CLEMMER PRESIDENT 3/22/00  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMMER, BRETT A 988 WOODCOCK RD-STE 101 ORLANDO FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S CLEMMER, BRETT A 1516 E. COLONIAL DR - STE 300 ORLANDO FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, RONALD 988 WOODCOCK RD- STE 101 ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMMER, WILLIAM A 1516 E. COLONIAL DR - STE 300 ORLANDO FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WILLIAM A II 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, WILLIAM F 12 BREAKWATER COVE CHELSEA MA 02150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUFFIER, JOAN 722 ACBA DR ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNON, JAMES PO BOX 207 PONTE VERDE FL 32004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BRETT A. CLEMMER 3/22/00 407 898 5501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**SECRETARY**

CFR2034 (9/99)