2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 20, 2001 8:00 am Secretary of State P97000106930 DOCUMENT # 1. Entity Name SUMMIT STAFFING INC. 08-20-2001 90071 027 ***150.00 Principal Place of Business Mailing Address 7301 NW ATH ST. SUITE 107A 7301 NW 4TH ST. SUITE 107A PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Addre DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2078185 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CWIEKA, ED Street Address (P.O. Box Number is Not Acceptable) 14789 STIRRUP LN **WELLINGTON FL 33414** City Zip Code 8. The above named entity sulamits this sta drpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$5,000 \$750.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (5/01)TITI E Change ☐ Addition CWIEKA, ED NAME NAME STREET ADDRESS 14789 STIRRUP LN STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition Change NAME * NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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.

FIED NAME OF SIGNING OFFICER OR DIRECTOR



Dear Florida Department of State,

8/13/01

We are filing the 2001 Uniform Business Report late because we never received the first one. We have changed address since our last report.

The new Mailing address is: Summit Staffing, Inc. P.O. Box 16681 Plantation, FL 33318-6681

Our new Business address is: Summit Staffing, Inc. 6905 W. Broward Blvd. – Suite 109 Plantation, FL 33317

We have remitted the amount that should have been paid if we would have received the first report (\$150.00).

Sincerely yours,

Ed Cwieka

President

954-583-9288