

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004866

1. Entity Name
Contract Personnel, Inc.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90124 018 ***150.00

Principal Place of Business Mailing Address
925 Sligh Blvd 2033 Main St. Ste 311
Orlando, Fl 32806 Sarasota, Fl 34237

2. Principal Place of Business
Orlando
Suite, Apt. #, etc.
City & State

3. Mailing Address
Sarasota
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3477570** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wayne R. Le Blanc
6600 Peacock Rd. Apt 204
Sarasota, Fl 34242

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 WAYNE R. Le Blanc [Signature] DATE 4/14/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DP Wayne R. Le Blanc			President Marie Anne Le Blanc		
6118 Turnbury Park Dr. 11202			7445 Feathersone Blvd		
Sarasota, Fl 34243			Sarasota, Fl 34238		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Marie Anne Le Blanc [Signature] DATE 4/14/00 Daytime Phone # 941-954-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR