2000 UNIFORM BUSINESS REPORT (UBR)

3/14/00-90212-040-$150.00-$150.00

DOCUMENT # P98000008865

1. Entity Name: Placement Partners International Inc.

FILED
00 APR -3 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11300 4TH ST. N. SUITE 200 ST. PETERSBURG FL 33716	11300 4TH ST. N. SUITE 200 ST. PETERSBURG FL 33716-2940

2. Principal Place of Business	3. Mailing Address
1101 West Swann Ave	1101 W. Swann Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33606 / Country: Hillsborough	Zip: 33606 / Country: Hillsborough

4. FEI Number: 59-3489696 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEMBLER, M. STEVEN
11300 4TH ST. N., SUITE 200
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name: Pamela J. Stross
Street Address (P.O. Box Number is Not Acceptable): 1101 West Swann Ave
City: Tampa FL Zip Code: 33606

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: Pamela J. Stross, President DATE: 3/12/00
Signature, typed or printed name of registered agent and title if applicable. (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: D NAME: SEMBLER, M. STEVEN STREET ADDRESS: 11300 4TH ST. N., SUITE 200 CITY-ST-ZIP: ST. PETERSBURG FL 33716	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: P/D NAME: Pamela J. Stross STREET ADDRESS: 1101 W. Swann Ave CITY-ST-ZIP: Tampa FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VP/D NAME: Sandra K. Holst STREET ADDRESS: 1101 West Swann Ave CITY-ST-ZIP: Tampa FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP: LS	☐ Change ☐ 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: Pamela J. Stross Pres — Date: 3/12/00 — Daytime Phone #: (813) 258-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)