2000 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # P98000039518 1. Entity Name TASK SERVICES, INC. 05-12-2000 90032 009 ***150.00 Principal Place of Business Mailing Address 136 TIMBER LANE 136 TIMBER LANE HILTON HEAD ISLAND SC 29926 HILTON HEAD ISLAND SC 29926-1034 3. Mailing Address 2. Principal Place of Business BOX 5529 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 89 Applied For City & State 4. FEI Number City & State 59-3514954 Not Applicable ነ፣ ይምወል **\$8.75** Additional. 5. Certificate of Status Desired --Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARDNER, JOHN W ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 128 WEST ROBERTSON STREET BRANDON FL 33511 Zip Code City 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box 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. ☐ Change Addition TITLE **7** Delete WHITNEY, RICHARD NAME STREET ADDRESS 136 TIMBER LANE STREET ADDRESS CITY-ST-ZIP HILTON HEAD ISLAND SC 29926 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE BARONI, ROBERT NAME NAME STREET ADDRESS **5 TURRET SHELL LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILTON HEAD ISLAND SC 29926 Change ☐ Addition TITLE TITL F WHITNEY, EILEEN NAME NAME STREET ADDRESS STREET ADDRESS 136 TIMBER LANE CITY-ST-ZIP HILTON HEAD ISLAND SC 29926 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE BARONI, BARBARA NAME NAME **5 TURRET SHELL LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HILTON HEAD ISLAND SC 29926 CITY-ST-ZIP ☐ Addition Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify it: 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 in y 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 tame appears in Block 11 or Block 12 if changed, or on an attachment with an address vith all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIE

☐ Delete

Daytime Phone #

Change

Addition