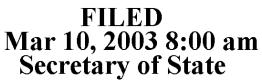
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)



1. Enlity Name GLOBAL SYSTEMS STAFFING, INC.							03-10-2003 907 <i>6</i>				
2200 COR	ace of Business PORATE BOULEVARD NW #200 ON FL 33431	Mailing Address 2200 CORPORATE BOULEVARD NW #200 BOCA RATON FL 33431				☐ CHECK HERE IF MAKING CHANGES					
2. Principal	Place of Business	3. Mailing Address Suite, Apt. #, etc.									
Suite, Ap	ot. #, etc.										
City & Sta	ate	City & State				4.	FEI Number <b>59-3512279</b>		Applied For Not Applicable		
Zip Country		Zip			try	5.	Certificate of Status Desired	\$8.75 Fee Reg	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	d Agent		-Name	7.	Name and Address of New Regist	tered Agent		$\exists$	
HEDMAN, ANTHONY A						eet Address (P.O. Box Number is Not Acceptable)					
2200 CORPORATE BOULEVARD NW #200 BOCA RATON FL 33431					-		A Mullioer is Not Acceptable)		<del></del>	4	
				}	City	_		<b>—</b> • 13:0		_	
<ol> <li>The above named entity submits this statement for the purpose of changing its r the obligations of registered agent.</li> </ol>					•			FL Zip C		_	
	•			registere	a onice or regist	ered ag	ent, or both, in the State of Florida.	I am familiar wi	th, and accept	t	
SIGNATURE	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE	: Registered	Agent signature requir	red when re	instating)	DATE	<del></del>	1	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				1-74			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND	DIRECTOR		11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11	$\dashv$	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEDMAN, ANTHONY A 2200 CORPORATE BOULEVARD BOCA RATON FL 33431	NW #200	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Chang		CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLLI CICILE DOCE TAILD 1411 #200			TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	Addition	CR2E	
TITLE NAME		-	Delete	TITLE			- "- "-	Change	Addition	-	
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS T-ZIP					~	
TITLE NAME	- · · · · · · · · · · · · · · · · · · ·	•	☐ Delete	TITLE				☐ Change	☐ Addition	-	
STREET ADDRESS CITY-ST-ZIP				NAME STREET CITY-ST	ADDRESS 1-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		ADDRESS			☐ Change	☐ Addition	1	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET A				☐ Change	☐ Addition	  - 	
ZITY-ST-ZIP	artify that the information and the law u			CITY-ST	- ZIP						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

581-241-3442

Date