2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000045691 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name SPECTRUM PERSONNEL, INC. 04-19-2000 90003 048 ***150.00 Mailing Address Principal Place of Business 150 SOUTH ANDREWS AVENUE, SUITE 201 150 SOUTH ANDREWS AVENUE. SUITE 201 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-3237 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0836606 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent UNGER TASON UNGER, JASON L Street Address (P.O. Box Number is Not Acceptable) 215 S MONROE ST #705-A TALLAHASSEE FL 32301 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** FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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 PTD TITLE TITLE □ Delete BEEBE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 150 S ANDREWS AVE #201 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33069 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME BERNSTEIN, ROBERT STREET ADDRESS STREET ADDRESS 150 S ANDREWS AVE #201 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33069 ☐ Addition ☐ Change ☐ Delete TITLE BERNSTEIN, STUART NAME NAME STREET ADDRESS STREET ADDRESS 150 S ANDREWS AVE #201 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33069 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

d with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachment with an other like empowered SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

13. I hereby certify that the information supplied with this