## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 26, 2000 8:00 am Secretary of State DOCUMENT # **P98000058375** 05-26-2000 90105 045 \*\*\*150.00 OUTSOURCING MANAGEMENT SOLUTIONS, INC. Mailing Address Principal Place of Business 348 MIRACLE STRIP PKWY **BOX 596** FORT WALTON BCH FL 32549-0596 SUITE 24 FORT WALTON BEACH FL 32548 3. Mailing Address 2. Principal Place of Business Strip PKW4 80x 596 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State Fort Walton Bch, F1. 59-3520586 Walter Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired No 32549-0596 Fee Required oKaJoosa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent aborah Street Address (P.O. Box Number is Not Acceptable) KING, DEBBIE W 348 Miracle Strip 150 GULF SHORE DRIVE **UNIT 401 DESTIN FL** City Walton Bch. 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 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. 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 11. President | ST 1 ☐ Addition TITLE KING, DEBBIEW Deborah NAME NAME 349 Nuraele Strips CORRECT ADDRESS STREET ADDRESS 150 GULF SHORE DR CITY-ST-ZIP DESTIN-FL Change ☐ Addition NAME THOMA, ROBERT F NAME STREET ADDRESS STREET ADDRESS 132 EMERALD RIDGE DR CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 TITLE Change ☐ Addition CEO TITLE NAME NAME KING, EDDIE 348 MiraeleStria PKue STREET ADDRESS STREET ADDRESS 150-GULF SHORE DR Suite 16A Fort walton ST8-275148 CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

☐ Change

Addition

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

□ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Deborate W. King, Sock & Chorall W. King 4-26-00 (850)796-1019