2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006992 6

1. Entity Name
New Directions Professional Employment Service

FILED
00 FEB 15 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5258-5 Norwood Ave Jacksonville, Fla 32208	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5258-5 Norwood Ave Suite, Apt. #, etc.	5258-5 Norwood Ave Suite, Apt. #, etc.
City & State: Jacksonville, Fla	City & State: Jacksonville
Zip: 32208 County: Duval	Zip: 32208 Country: Duval

4. FEI Number — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIANE HESTER 4129 Emerson St Jacksonville, Fla 32207	Name: DIANE HESTER Street Address (P.O. Box Number is Not Acceptable): 4129 EMERSON St City: Jacksonville FL Zip Code: 32207

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: Diane Hester — DIANE HESTER — DATE: 2/14/00
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIANE Hester P 4129 Emerson St Jacksonville, FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brinda Green V 958 Townsend Blvd Jax, FLA 32211 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gail Myers D 1615 El Camino Rd Jacksonville, Fla ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jeanett Flynn SF 2541 Andalora Rd Jacksonville, Fla 32211 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deannia Hester D 957 Townsend Blvd Jax, Fla 32211 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200003146 4 ☐ Change ☐ Addition -02/24/00--01058--027 ****300.00 ****~~281.25~~ 300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT Don DAY 5510 Norwood Ave Jacksonville, FL 32208 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ☐ 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: Diane Hester — 2/14/00 — 904-768-7311
(TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS) Date Daytime Phone #