
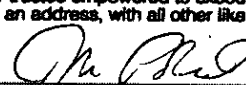


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90629 041 ***150.00

DOCUMENT # P98 0000 84213 ✓ 1. Entity Name EMPLOYEE SCREENING				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 3000 GULF TO BAY BLVD SUITE 200 CLEARWATER, FL 33759		Mailing Address PO BOX 1585 LARGO, FL 33779			
2. Principal Place of Business 3000 GULF TO BAY BLVD SUITE, Apt. #, etc. SUITE 200 City & State CLEARWATER, FL Zip 33759 Country		3. Mailing Address PO BOX 1585 SUITE, Apt. #, etc. City & State LARGO, FL Zip 33779 Country PENSACOLA			
4. FEI Number 59-3544947		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JOHN POLIVICK 3000 GULF TO BAY BLVD. SUITE 200 CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
PLEASE PRINT FEES: \$150.00 After MAY 15, 2001 Fee will be \$350.00 Check Payable to Department of State					
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP JOHN POLIVICK - PRESIDENT <input type="checkbox"/> Delete PO BOX 1585 LARGO, FL 33779			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  JOHN POLIVICK 4.27.01 669.0854 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (11/00)