2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # P98000094205 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA PERSONNEL SERVICES, INC. 03-30-2000 90054 029 ***158.75 Principal Place of Business Mailing Address 2309 SE 5TH PL 2309 SE 5TH PL CAPE CORAL FL 33990 CAPE CORAL FL 33990-4307 2. Principal Place of Business 3. Mailing Address 1006BS 103 FloridiAD C Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FFI Number 65-0877031 Not Applicable \$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 Keaues محدرا JUSTICE, ALAN T Street Address (P.O. Box Number is Not Acceptable) 2309 SE 5TH PLACE CAPE CORAL FL 33990 SW 30TH. TERRACE City 8. The above named entity submits this statement for the purpose of changing its registered office or 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Change Addition TITI F □ Delete JUSTICE, ALAN T NAME NAME 585Th. Place 2309 STREET ADDRESS STREET ADDRESS 4767 PINE ISLAND ROAD CITY-ST-ZIP CITY-ST-ZIP MATLACHA FL 33993 Addition ☐ Change ☐ Defete TITLE TITLE NAME DAN. STREET ADDRESS STREET ADDRESS 33904 CITY-ST-ZIP CITY-ST-ZIP Cape ☐ Change **M** Addition ☐ Delete TITLE NAME NAME JAMES W. JUSTILE STREET ADDRESS STREET ADDRESS FIORIDIAN CT 1103 CITY-ST-ZIP CORAL CITY-ST-ZIP ☐ Change Delete TITLE TITLE Tres NAME NAME Russell STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TiTi F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 artachment with an addresse, with all other like empowered.