2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2000 8:00 am DOCUMENT # P98000100467 **Secretary of State** LUPFER-FRAKES PEO SOLUTIONS, INC. 03-27-2000 90073 041 ***158.75 Principal Place of Business Mailing Address 222 CHURCH STREET 222 CHURCH STREET KISSIMMEE FL 34741-5069 KISSIMMEE FL 34741 PARAGOTA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3550953 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name upter SALLEY, STEPHEN G ESQ. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVENUE, #2500 ORLANDO FL 32801 Admiral SSIMMEC 8. The above named entity submits this staterpent for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE d agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 12. 11. VSD Change ☐ Addition ☐ Delete TITLE WALLS, RONALD M NAME 1637 REGAL COVE COURT STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BAUKNIGHT, JAMES H NAME NAME STREET ADDRESS 5600 IRLO BRONSON MEM. HIGHWAY STREET ADDRESS CITY-ST-7IP ST. CLOUD FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE LUPFER, SAMUEL L NAME NAME 1794 ADMIRAL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE RANDALL, RICHARD J NAME 1794 ADMIRAL COURT STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF KISSIMMEE FL Change ☐ Addition **VPCF** ☐ Delete TITLE CHRISTIAN, MICHAEL P NAME 1616 AMY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KissimpreeFL CITY-ST-ZIP KISSIMMEE FL 24744 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Micyae P. CHRISTIC VELES 7/1/09 407-933-8577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #

changed, or on an attachment with an address, with all other like empowered

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