2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State P98000100467 DOCUMENT # 1. Entity Name LUPFER-FRAKES PEO SOLUTIONS, INC. 03-24-2002 90003 026 ***158.75 Principal Place of Business Mailing Address 222 CHURCH STREET 222 CHURCH STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3550953 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUDFER, SAMUEL L Street Address (P.O. Box Number is Not Acceptable) 1794 ADMIRAL CT KISSIMMEE FL 34744 City 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 Signature, typed or printed name of registered 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD TITLE ☐ Addition CR2E034 (9/01) TIŢĿĘ ☐ Delete ☐ Change WALLS, RONALD M NAME NAME 1637 REGAL COVE COURT STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE BAUKNIGHT, JAMES H STREET ADDRESS 5600 IRLO BRONSON MEM. HIGHWAY STREET ADDRESS ST. CLOUD FL CITY-ST-ZIP CITY-ST-ZIP PD ☐ Delete TITLE ☐ Change ☐ Addition TITLE LUPFER, SAMUEL L NAME NAME 1794 ADMIRAL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete RANDALL, RICHARD J NAME NAME 1794 ADMIRAL COURT STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP **VPCF** TITLE Change ☐ Addition TITLE ☐ Delete CHRISTIAN, MICHAEL P MARAE NAME 1616 AMY COURT STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 ar

SIGNATURE:

FILED