2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P9900007213 **DOCUMENT #** 1. Entity Name

KBM PEO SOLUTIONS, INC.

Principal Place of Business



FILED Aug 29, 2003 8:00 am Secretary of State

08-29-2003 90090 018 ***550.00

6. Name and Address of Current Registered Agent BATTLE, PATRICK T KBM PEO SOLUTIONS INC 7850 NW 146 STREET MIAMI LAKES FL 33016 City City FL Zi 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. I am familia the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550:00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME BATTLE, MICHAEL W 7850 NW 146 STREET HIALEAH FL 33016 FEE R Name STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Name STREET ADDRESS CITY-ST-ZIP Name STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Name STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Name STREET ADDRESS CITY-ST-ZIP	ANGES Appli Not A 75 Additit Required t Zip Code ar with, an \$5.00 Added to	nd accept May Be o Fees
City & State	75 Addition Required to the American St. 100 Added to ECTORS II	nd accept May Be o Fees
EATTLE, PATRICK T KBM PEO SOLUTIONS INC 7850 NW 146 STREET MIAMI LAKES FL 33016 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550:00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. Certificate of Status Desired Agent Address of New Registered Agent 16. OR TO ADDITIONS OF THE TOP OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGE	Not A 75 Addition Required t Zip Code ar with, an \$5.00 Added to	Applicable lonal accept May Be o Fees
Signature Signature Special	75 Additional Required 1 Zip Code ar with, an S5.00 Added to ECTORS II	nd accept May Be o Fees
BATTLE, PATRICK T KBM PEO SOLUTIONS INC 7850 NW 146 STREET MIAMI LAKES FL 33016 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE FILE NOW!!!! FEE-IS \$550:00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14.	Zip Code ar with, an \$5.00 Added to	May Be o Fees
BATTLE, PATRICK T KBM PEO SOLUTIONS INC 7850 NW 146 STREET MIAMI LAKES FL 33016 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. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Zip Code ar with, an \$5.00 Added to	May Be o Fees
KBM PEO SOLUTIONS INC 7850 NW 146 STREET MIAMI LAKES FL 33016 City FL Zi 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. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NATE: Registered Agent signature required when reinstating) DATE FILE: NOW!!! FEE=IS \$550:00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE NAME BATTLE, MICHAEL W STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 TITLE EVP Delete TITLE TITLE TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 Added to	May Be o Fees
KBM PEO SOLUTIONS INC 7850 NW 146 STREET MIAMI LAKES FL 33016 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. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!!=FEE-IS \$550:00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE ITTLE EVP Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 TITLE EVP Delete TITLE OCT TITLE STREET ADDRESS CITY-ST-ZIP TITLE EVP Delete TITLE OCT TITLE OCT TITLE DELET TITLE OCT TITLE	\$5.00 Added to	May Be o Fees
MIAMI LAKES FL 33016 S. 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. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	\$5.00 Added to	May Be o Fees
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. I am familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE EVP Delete TITLE NAME BATTLE, MICHAEL W 7850 NW 146 STREET HIALEAH FL 33016 TITLE EVP Delete TITLE	\$5.00 Added to	May Be o Fees
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!!-FEE-IS-\$550:00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE EVP Delete Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE EVP Delete TITLE TITLE EVP Delete TITLE TITLE TITLE TITLE TITLE TITLE Delete TITLE T	\$5.00 Added to	May Be o Fees
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$550:00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE EVP Delete Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 TOTE Delete TITLE EVP Delete TITLE STREET ADDRESS CITY-ST-ZIP Delete TITLE EVP Delete TITLE TI	Added to	o Fees
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE EVP NAME BATTLE, MICHAEL W STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE EVP Delete TITLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY-ST-ZIP	Added to	o Fees
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME BATTLE, MICHAEL W STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE EVP Delete TITLE TITLE CITY-ST-ZIP Delete TITLE OR TRUST Fund Contribution.	Added to	o Fees
TITLE EVP Delete TITLE NAME BATTLE, MICHAEL W STREET ADDRESS CITY-ST-ZIP TITLE EVP Delete TITLE		-
NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 RAME STREET ADDRESS CITY-ST-ZIP TITLE BVP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelete TITLE	Change	☐ Addition
CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE EVP Delete TITLE CITY-ST-ZIP		
NAME BATTLE, TIMOTHY A ■ NAME	Change [☐ Addition ☐
		1
STREET ADDRESS 7850 N.W. 146 STREET CITY-ST-ZIP HIAI FAH FI 33016 CITY-ST-ZIP CITY-ST-ZIP		\
THE WILL WILL SHOULD	0	
	Change (Addition
NAME BATTLE, ROBERT B STREET ADDRESS 7850 NW 146TH STREET NAME STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP HIALEAH FL 33016		
	Change (Addition
NAME BATTLE; PATRICK T		_
STREET ADDRESS 7850 NW 146TH STREET STREET		
CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP		
TITLE Delete TITLE C	Change [☐ Addition
NAME NAME		
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
— - · · · · · · · · · · · · · · · · · ·	Change [☐ Addition }
NAME NAME		j
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		
0117-51-217		

indicated on this report or supplemental report is true and accordance 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 emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: