

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90156 048 \*\*\*158.75

**DOCUMENT # P99000012649**

1. Entity Name  
**EMPLOYMENT SPECIALISTS, INC.**

Principal Place of Business Mailing Address  
**8108 STONEBROOK DRIVE P.O. BOX 951405**  
**SANFORD FL 32773 LAKE MARY FL 32795-1405**

2. Principal Place of Business 3. Mailing Address  
**1000 Savage Court**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 201**  
 City & State City & State  
**Longwood, FL**  
 Zip Country Zip Country  
**32750 Seminole**



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2141052** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELIGMAN, PAUL G**  
~~8108 STONEBROOK DRIVE~~ **687 Fort Rose Drive**  
~~SANFORD FL 32773~~ **Winter Springs, Fl**  
**32708**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President/Treas./Dir	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew E. Frigge		NAME		
STREET ADDRESS	1615 Skinner Street		STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33801		CITY-ST-ZIP		
TITLE	V-President/Sec./Dir.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul G. Seligman		NAME		
STREET ADDRESS	687 Fort Rose Drive		STREET ADDRESS		
CITY-ST-ZIP	Winter Springs, FL 32708		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 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:** *Paul G. Seligman* **February 15, 2000 407-265-7260**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul G. Seligman Secretary/Director  
 Date Daytime Phone #