CE2EC34 (9/01)

FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am DOCUMENT # P99000012649 **Secretary of State** 1. Entity Name 01-16-2002 90265 049 ***158.75 EMPLOYMENT SPECIALISTS, INC. Principal Place of Business Mailing Address P.O. BOX 951405 1000 SAVAGE COURT SUITE 201 LAKE MARY FL 32795-1405 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2141052 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SELIGMAN, PAUL G Street Address (P.O. Box Number is Not Acceptable) **687 FORT ROSE DRIVE** WINTER SPRINGS FL 32708 City Zip Code F۱ 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS Matthew E. Frigge OBS IN 11 11. 12. PTD TITLE ☐ Delete 4497 Shoreline Drive FRIGGE. MATTHEW E NAME Gainesville, GA 30506 STREET ADDRESS 1615 SKINNER STREET STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **VSD** ☐ Delete TITLE ☐ Change TITLE NAME SELIGMAN, PAUL G NAME **687 FORT ROSE DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 TITLE Change - Addition ✓ □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Channe ☐ Addition TITLE TITLE NAME NAMÉ 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 truetee 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 propowered.

SIGNATURE: