FOR PROFIT CORPORATION

U	VIFORM BUSINI	ESS REPORT	(UBR)	AMENDED	
DOCUN 1. Entity Name		12649	FILED		
	PLOYMENT SPECIAL:	ISTS, INC.	02 JUN 13 PM 2:56		
	<u></u>		SECRETARY OF STATE		
	OO NOT WRITE	IN THIS SP	ACE	TALLAHASSEE, FLORIDA	
2. Principal Pla	ace of Business	3. Mailing Address		· ·	
1 1000 Savage Court Suite, Apt. #. etc.		P.O. Box 951495 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
	= 106				
City & State		City & State		4. FEI Number Applied For Not Applicacie	
Longy Zip	VOOD, FL	Lake Mary,	FL Country	\$8.75 Additional	
3275		32795-1405	Seminol	5. Certificate of Status Desired Fee Required	
			Name	7. Name and Address of Current Registered Agent	
	DO NOT W	/DITE	,	Paul G. Seligman	
	DO NOT W		Street Ac	Street Address (P.O. Box Number is Not Acceptable)	
	IN THIS SI	PACE		687 Fortrose Drive	
			City	Winter Springs FL Zip Code 32708	
8. The above	named entity submits this statement	or the purpose of changing its re	egistered office or	registered agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agen	UNUV traybilite if applicable. (NOTE:	Registered Agent signatu	June 7, 2002 DATE	
		After May 1 Amended Make Check Payable	y 1 Fee is \$150 , Fee is \$550.00 UBR is \$61.25 e to Department	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11,	OFFICERS ANS	DIRECTORS		-11	
NAME STREET ADDRESS CITY-ST-ZIP	President/Secret Paul G. Seligman 687 Fortrose Dr	n	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000058687500 -06/19/0201077016 *****61.25 ******61.25	
TITLE .	Winter Springs, Vice-President/'		TITLE		
NAME STREET ADDRESS	Mary S. Seligman		STREET ADDRESS	,	
· CITY-ST-ZIP	687 Fortrose Dr		CITY-ST-ZIP		
TITLE:	-Winter-Springs,				
NAME STREET ADDRESS		•	NAME STREET ADDRESS	DO NOT WOITE	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WRITE	
TITLE			TITLE	IN THIS SPACE	
NAME			NAME STREET ADDRESS	IN THIS STAGE	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE NAME	•	
STREET ADDRESS			STREET ADDRESS	•	
CITY-ST-ZIP	L		CITY-ST-ZIP"		
13. Thereby of indicated of the corattachme	certify that the information supplied wi on this report or supplemental report roporation or the receiver or trustee on Int with an address, with all other like (ith/this filing does not qualify for is true and accurate and that m npowered to execute this report empowered.	the exemption state by signature shall he tas required by C	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 or on an	

06/07/02 SIGNATURE: 407-265-7260 Paul G. Seligman

	ı		
Requester's Name			
Address			
City/State/Zip Phone #		0000058687500 -06/19/0201077015 *****35.00 *****35.00	
		Office Use Only	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S)	, (if known):	
1. (Corporation Name)	(Document #)	
2(Corporation Name)	(Document #		
3	(2 302	,	
(Corporation Name)	(Document #		
4(Corporation Name)	(Document #		
Walk in Pick up time	·	Certified Copy	
Mail out Will wait	☐ Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other		
CR2E031(7/97)		Examiner's Initials	

Attachment # 199000012649 * EMPLOYMENT SPECIALISTS, INC.

P. O. Box 951405 . Lake Mary, FL 32795-1405 PHONE: 888-265-7713 • FAX: 888-265-1070

OFFICER / DIRECTOR RESIGNATION

I, Matthew E. Frigge, herby resign as President and Director of Employment Specialists, Inc. a corporation organized under the laps of the State of Florida and affirm that the corporation has been notified in writing of the resignation.

Matthew E. Frigg

5-17-02

Dated



FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

