

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013577

1. Entity Name
GEORGIA LABOR SOLUTIONS, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90025 032 ***150.00

Principal Place of Business
30 SUN RAY PLAZA
FROSTPROOF FL 33843

Mailing Address
30 SUN RAY PLAZA
FROSTPROOF FL 33843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3556778

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TROUTMAN, BAXTER G
30 SUN RAY PLAZA
FROSTPROOF FL 33843

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 *Baxter Troutman*
Signature, typed or printed name of registered agent and title if applicable.

Baxter Troutman, President
(NOTE: Registered Agent signature required when reinstating)

4/2/01
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 D ☐ Delete
NAME TROUTMAN, BAXTER G
STREET ADDRESS P O BOX 995 N/A
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE Director ☐ Change ☒ Addition
NAME STUART Troutman
STREET ADDRESS 1536 5th St
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
NAME BYRON MATHEWSON, SR.
STREET ADDRESS 315 E SESSOMS AVE
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Baxter Troutman
Baxter Troutman

4/2/01
Date

863-635-6650
Daytime Phone #

CR2E034 (10/00)