

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050473

1. Entity Name

ABC EMPLOYMENT SERVICES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90252 002 ***158.75

Principal Place of Business

Mailing Address

~~105 LAND OAKS LANE~~
~~KNOXVILLE TN 37922~~

~~1130 KINGSTON PIKE STE 1-184~~
~~KNOXVILLE TN 37922-2800~~

2. Principal Place of Business

1165 West End Avenue

Suite, Apt. #, etc.

3. Mailing Address

1130 Kingston Pike

Suite, Apt. #, etc.

Suite 1, PMB 1-183

City & State

Knoxville, TN

Zip

37922

Country

U.S.A.

City & State

Knoxville, TN

Zip

37922

Country

U.S.A.

4. FEI Number

58-2470928

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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
Tax filing requirement and elects to do so.
(See criteria on back)



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

TITLE PD
NAME WINEGARDNER, DEAN
STREET ADDRESS 3000 RIVER HAVEN POINT
CITY-ST-ZIP KNOXVILLE TN 37922 ☐ Delete

TITLE VSTD
NAME SWIDERSKI, JILL
STREET ADDRESS 142 WEST END
CITY-ST-ZIP KNOXVILLE TN 37922 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/Chairman
NAME Winegardner, Dean
STREET ADDRESS 3000 River Haven Point
CITY-ST-ZIP Knoxville, TN 37922 ☒ Change ☐ Addition

TITLE S/T
NAME Raines, Darren
STREET ADDRESS 165 West End Avenue
CITY-ST-ZIP Knoxville, TN 37922 ☐ Change ☒ Addition

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

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

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

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

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: *By: [Signature] Dean Winegardner, Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/13/00

Daytime Phone # (865) 966-7454