2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # **P99000074031** 1. Entity Name ZTECH STAFFING SOLUTIONS, INC. 05-02-2001 90006 004 ***150.00 Principal Place of Business Mailing Address 8808 BAY VILLA COURT 8808 BAY VILLA COURT ORLANDO FL 32836 ORLANDO FL 32836 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 59-3616238 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAGANHEIM, PHILIP I Street Address (P.O. Box Number is Not Acceptable) 8808 BAY VILLA COURT ORLANDO FL 32836 City Zip Code FL 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME Waganheim, Marlene D STREET ADDRESS STREET ADDRESS 8808 BAY VILLA COURT CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32836 ☐ Delete TITLE TITLE D Change ☐ Addition NAME WAGANHEIM, PHILIP I NAME STREET ADDRESS STREET ADDRESS 8808 BAY VILLA COURT CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL 32836 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 of Indicated and Proposed to Secure 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 attach ith all

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

SIGNATURE AND TYPED OR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NTED NAME OF SIGNING OF

☐ Delete

Change

■ Addition

CR2E034 (10/00)