

**2001 UNIFORM BUSINESS REPORT (UBR)**

*Amendment*

DOCUMENT # *P99000092401*

1. Entity Name  
*StarQuest Placement Solutions, Inc.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 26 PM 8:33

Principal Place of Business Mailing Address  
*500 S. Florida Avenue  
Suite 600  
Lakeland, FL 33801*

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number *59-3605944* 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  
*DIANE G. BELL  
6084 Jessica Drive  
Apopka, FL 32703*

7. Name and Address of New Registered Agent  
Name *DIANE G. BELL*  
Street Address (P.O. Box Number is Not Acceptable) *6084 Jessica Drive*  
City *Apopka* FL Zip Code *32703*

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 *Diane G Bell* *DIANE G. BELL* DATE *7-23-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	<i>PTD DIANE G. BELL</i> <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<i>6084 Jessica Drive Apopka, FL 32703</i>
TITLE NAME	<i>Vice President, Secretary Board</i> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<i>John Calvin Ledbetter IV 2806 Wesley Street Orlando, FL 32803</i>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<i>PTD DIANE G. BELL</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>6084 Jessica Drive Apopka, FL 32703</i>
TITLE NAME	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>John Calvin Ledbetter IV 2806 Wesley Street Orlando, FL 32803</i>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>600004549276--0</i>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>-08/22/01--01080--005</i>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>*****61.25 *****61.25</i>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<i>AD</i>

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: *Diane G Bell* DATE: *5-23-01* DAYTIME PHONE #: *407-894-4308*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)