

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90117 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P99000092401</b>			
<b>1. Entity Name</b> STARQUEST PLACEMENT SOLUTIONS, INC.			
<b>Principal Place of Business</b> 500 SOUTH FLORIDA AVENUE SUITE 600 LAKELAND FL 33801		<b>Mailing Address</b> 500 SOUTH FLORIDA AVENUE SUITE 600 LAKELAND FL 33801	
<b>2. Principal Place of Business</b> 2806 WESSEX ST. Suite, Apt. #, etc. ORLANDO, FL City & State 32803		<b>3. Mailing Address</b> 2806 WESSEX ST. Suite, Apt. #, etc. ORLANDO, FL City & State 32803	
Zip 32803	Country USA	Zip 32803	Country USA
<b>6. Name and Address of Current Registered Agent</b> <del>BELL, DIANE G</del> <del>6004 JESSICA DR.</del> <del>APOKA FL 32703</del>		<b>7. Name and Address of New Registered Agent</b> Name JOHN CALVIN LEDBETTER Street Address (P.O. Box Number is Not Acceptable) 2806 WESSEX ST. City ORLANDO FL Zip Code 32803	
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE</b> <i>John Calvin Ledbetter</i>  JOHN CALVIN LEDBETTER, PRESIDENT  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> 04/26/02  <small>DATE</small> </div> </div>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PTD BELL, DIANE G 6004 JESSICA DR. APOKA FL 32703 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P LEDBETTER, J. CALVIN IV 2806 WESSEX ST. ORLANDO FL 32803 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

**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:** *John Calvin Ledbetter* JOHN CALVIN LEDBETTER 04/26/02 4078944308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #