

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90001 032 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S90531

1. Corporation Name

UNIVERSAL STAFF LEASING, INC.

Principal Place of Business

8601 4TH STREET NORTH
#201
ST. PETERSBURG FL 33702
US

Mailing Address

2851 HIGH MEADOW CIR
SUITE 100
AUBURN HILLS MI 48326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1991

4. FEI Number

59-3089256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1311 N. Westshore Blvd

Suite, Apt. #, etc.

22 215

City & State

23 Tampa, Florida

Zip

24 33607

Country

25 U.S.

2a. Mailing Address

26 2851 High Meadow Cr.

Suite, Apt. #, etc.

27 101

City & State

28 Auburn Hills, MI

Zip

29 48326

Country

30 U.S.

9. Name and Address of Current Registered Agent

PYLE, TERRENCE F.
6544 US HWY 41
STE 104-B
APOLLO BEACH FL 33572-3126

10. Name and Address of New Registered Agent

81 Name

C.T. Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Marc A. Gillis Marc A. Gillis - Asst. Vice Pres.

DATE

8-16-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MEADE, THOMAS C
STREET ADDRESS 2851 HIGH MEADOW CIR SUITE 100
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE ST ☐ DELETE

NAME CARLESIMO, DAVID O
STREET ADDRESS 2851 HIGH MEADOW CIR SUITE 100
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE D ☐ DELETE

NAME LAMBKA, BRIAN W
STREET ADDRESS 2851 HIGH MEADOW CIR SUITE 100
CITY-ST-ZIP AUBURN HILLS MI 48326

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME Meade, Thomas C
1.3 STREET ADDRESS 2851 High Meadow Cr, Suite 101
1.4 CITY-ST-ZIP Auburn Hills, MI 48326

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Carlesimo, David O
2.3 STREET ADDRESS 2851 High Meadow Cr. Suite 101
2.4 CITY-ST-ZIP Auburn Hills, MI 48326

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME Lambka, Brian W.
3.3 STREET ADDRESS 2851 High Meadow Cr. Suite 101
3.4 CITY-ST-ZIP Auburn Hills, MI 48326

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas C. Meade

CR2E034 (5/99)