

2000 UNIFORM BUSINESS REPORT (UBR)

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

09-18-2000 90033 013 ***150.00

DOCUMENT # V47354

1. Entity Name

P.A. PERSONNEL SERVICES, INC.

P

Principal Place of Business

**2423 ROGERO ROAD
 JACKSONVILLE FL 32211**

Mailing Address

**P O BOX 11165
 JACKSONVILLE FL 32239
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3131702

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOVLIN, THOMAS P.
 2423 ROGERO ROAD
 JACKSONVILLE FL 32211**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **SHOVLIN, THOMAS P**
 CITY-ST-ZIP **2423 ROGERO ROAD**
JACKSONVILLE FL 32211

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SHOVLIN, LYNN A**
 CITY-ST-ZIP **2423 ROGERO ROAD**
JACKSONVILLE FL 32211

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

THOMAS P. SHOVLIN
THOMAS P. SHOVLIN
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

8/31/00 (904) 725-5510
 Date Daytime Phone #

CR2E034 (5/00)

attachment V47354
DWS6938

Thomas P. Shouvin

P.O. Box 11163
Jacksonville, FL 32239
(904) 725-5510

September 12, 2000

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I have enclosed three corporate renewal forms with \$150.00 checks for each. I spoke to your office and explained I never received the May notifications for any of these companies. I was instructed to send a letter of explanation as well as the forms with the checks for processing.

If you have any questions, please call me at (904) 725-5510. Thank you for your help.

Sincerely,



Tom Shouvin