2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 08:00 AM Secretary of State DOCUMENT # **V59760** C.T.I. EMPLOYMENT & SERVICES INC. Principal Place of Business Mailing Address 1535 SE 17TH STREET 1535 SE 17TH STREET THE QUAY, SUITE 206 THE QUAY, SUITE 206 FT. LAUDERDALE \mathbf{FL} FT. LAUDERDALE \mathbf{FL} 333161737 333161737 TIS 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 65-0372852 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **UPCHURCH** ROBERT **1535 S.E. 17TH STREET** Street Address (P.O. Box Number is Not Acceptable) THE QUAY, SUITE 206 FLFT. LAUDERDALE US 333161737 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 TILE Change DPST ☐ Detete DPST Addition NAME UPCHURCH, BOB **UPCHURCH** ROBERT STREET ADDRESS STREET ADDRESS 2100 S OCEAN LN, UNIT 1801 2100 S OCEAN LN, UNIT 1801 CITY-ST-ZIP CITY-ST-ZIP FT LAUD FL 33316 FT LAUD 33316 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete 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-7IP CITY-ST-7/8

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.