

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G31289

**Entity Name:** UNEMPLOYMENT SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

11540 N. COMMUNITY HOUSE RD  
SUITE 150  
CHARLOTTE, NC 28277

**Current Mailing Address:**

PO BOX 79109  
CHARLOTTE, NC 28271 US

**FEI Number:** 59-2281855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAEN, NOELLE  
15441 SW 143 AVE  
MIAMI, FL 33177 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JAEN, NOELLE  
Address 11540 N. COMMUNITY HOUSE RD,  
SUITE 150  
City-State-Zip: CHARLOTTE NC 28277

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NOELLE JAEN

**PRESIDENT**

**03/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date