

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90152 031 \*\*\*158.75

**DOCUMENT # P99000050170**

1. Entity Name  
**WDW EMPLOYMENT SERVICES, INC.**

Principal Place of Business      Mailing Address  
~~105 LAND OAK LANE~~      11130 KINGSTON PIKE, STE. 1-184  
~~KNOXVILLE TN 37922~~      KNOXVILLE TN 37922-2800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**165 West End Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Knoxville, TN**  
 Zip      Country      Zip      Country  
**37922**      **U.S.A**

4. FEI Number      Applied For  
**58-2471794**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WINEGARDNER, DEAN 3000 RIVER HAVEN POINT KNOXVILLE TN 37922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD SWIDERSKI, JILL 142 WEST END KNOXVILLE TN 37922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST Swiderski, Jill 165 West End Avenue Knoxville, TN 37922</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **By: WDW Employment Services, Inc.**  
**SIGNATURE REQUIRED**  
**Dean Winegardner, VP**

**4/25/00**      **865/675-2192**  
 Date      Daytime Phone #

FILED