

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90087 041 ***150.00

0946450 AT

DOCUMENT # P99000050473

1. Entity Name
ABC EMPLOYMENT SERVICES, INC.



Principal Place of Business
**165 WEST END AVENUE
KNOXVILLE TN 37922**

Mailing Address
**11130 KINGSTON PIKE
STE 1. PMB 1-183
KNOXVILLE TN 37922**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **58-2470928**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
NAME **PD D WINEGARDNER, DEAN** Delete
STREET ADDRESS **3000 RIVER HAVEN POINT**
CITY-ST-ZIP **KNOXVILLE TN 37922**

TITLE _____
NAME _____ Change Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME **ST RAINES, DARREN** Delete
STREET ADDRESS **165 WEST END AVE**
CITY-ST-ZIP **KNOXVILLE TN 37922**

TITLE _____
NAME **ST Patrick O'Connor** Change Addition
STREET ADDRESS **165 West End Avenue**
CITY-ST-ZIP **Knoxville, TN 37922**

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ Change Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ Change Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ Change Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ Change Addition
STREET ADDRESS _____
CITY-ST-ZIP _____

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **ABC Employment Services, Inc.**

SIGNATURE: by SIGNATURE REQUIRED as President/Director **2/24/03** **865-675-2192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)