

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90529 020 ***150.00

UBR 4/0 AB

DOCUMENT # F00000000619

1. Entity Name
RDV STAFFING, INC.



Principal Place of Business
**500 GRAND BANK BUILDING
126 OTTAWA AVE.. N.W.
GRAND RAPIDS MI 49503**

Mailing Address
**500 GRAND BANK BUILDING
126 OTTAWA AVE.. N.W.
GRAND RAPIDS MI 49503**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3315590**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6.-Name and Address of Current Registered Agent

7.-Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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	PSD	<input type="checkbox"/> Delete
NAME	TUBERGEN, JERRY L	
STREET ADDRESS	500 GRAND BANK BUILDING	
CITY-ST-ZIP	GRAND RAPIDS MI 49503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOER, WILLIAM J	
STREET ADDRESS	500 GRAND BANK BUILDING 126 OTTAWA AVE.	
CITY-ST-ZIP	GRAND RAPIDS MI 49503	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHIERBEEK, ROBERT H	
STREET ADDRESS	500 GRAND BANK BUILDING	
CITY-ST-ZIP	GRAND RAPIDS MI 49503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

Date: **1/14/03** Daytime Phone #: **616-454-4114**

CR2E034 (10/02)