

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90004 014 ***150.00

DOCUMENT # F96000005664

1. Entity Name

UNIFIED STAFFING AND ASSOCIATES, INC.

A0012787



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1425 LAKE FRONT CIRCLE
 SUITE 100
 THE WOODLANDS TX 77380

1425 LAKE FRONT CIRCLE
 SUITE 100
 THE WOODLANDS TX 77380-1179

2. Principal Place of Business

1400 Woodloch Forest Dr.

3. Mailing Address

1400 Woodloch Forest Dr.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

The Woodlands TX

City & State

The Woodlands TX

4. FEI Number

76-0413282

Applied For

Not Applicable

Zip

77380

Country

Montgomery

Zip

TX 77380

Country

Montgomery

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STURROCK, YVONNE	
STREET ADDRESS	191 BRISTOL BEND	
CITY-ST-ZIP	THE WOODLANDS TX 77382	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 281-363-2445

CR2E034 (9/99)