## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

J57959 **DOCUMENT#** 



## **FILED** Apr 28, 2003 8:00 am Secretary of State

SPARTAN STAFFING, INC.					04-28-2003 90452 028 ***150.00		0.00		
Principal Place 1000 NO. ASH STE 600 TAMPA FL 330 US 2. Principal F	iley DR 602		Mailing Address PO-BOX-48385. TAMPA FL 33579-8985 US						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	te, Apt. # etc.		De CHECK HERE IF M	MAKING CHANGES		
			#UCO City & State TO MDO	y & State		4. FEI Number 59-2767175		oplied For ot Applicable	
Zip		Country	33002	Country			\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						_7: Name and Address of New Regis	tered Agent		
01000411	0 10111111			Name					
GIORDANO, JOHN N				Street	Street Address (P.O. Box Number is Not Acceptable)				
220 SOUTH FRANKLIN STREET				<u> </u>					
tampa fl	. 33602							j	
***		_ <del>_</del>		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						-	-		
F	r May 1, 200	3 Fee will be \$550.00	State			Election Campaign Financi     Trust Fund Contribution.		May Be I to Fees	
F	r May 1, 200	3 Fee will be \$550.00	<u>-</u>	11.		Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICER	☐ Added	I to Fees	
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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: