

98 188

APPROVED AND FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003305
 1. Entity Name
ATLANTIC STAFFING, INC.

01 AUG 17 PM 0:33

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business Mailing Address
1041 Dunlawton Avenue **1041 Dunlawton Avenue**
Port Orange, FL 32119 **Port Orange, FL 32119**

2. Principal Place of Business 2. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
303 N. Clyde Morris Blvd.

City & State City & State
Daytona Beach, FL 32114

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
 06/19/01 90429 013 103.75
 4. FEI Number Applied For.
59-357755 Not Applicable

5. Name and Address of Current Registered Agent
Davidson, David J.
303 North Clyde Morris Blvd.
Daytona Beach, FL 32114

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when retaking)

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	C/D	<input type="checkbox"/> Delete
NAME	Peck, Edwin	
STREET ADDRESS	2430 S. Atlantic Ave., Ste. F	
CITY-ST-ZIP	Daytona Beach Shores, FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	Covington, Sylvester	
STREET ADDRESS	663 Madison Avenue	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	Elston, Robert	
STREET ADDRESS	1281 U.S. Highway 1	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Grant, Perommia	
STREET ADDRESS	729 Loomis Avenue	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	Miles, Steven, M.D.	
STREET ADDRESS	303 N. Clyde Morris Blvd.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	Stansfield, Mary Jo	
STREET ADDRESS	864 Peninsula Dr.	
CITY-ST-ZIP	Ormond Beach, FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ritchie, Glenn	
STREET ADDRESS	551 North Nova Rd.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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 617, 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: *Stora D. Hall* 6/15/01 386-405-5863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #

CP2007 (11/00)

P3 298

ATLANTIC STAFFING, INC.
2001 UNIFORM BUSINESS REPORT
BLOCK 11
ADDITIONS TO OFFICERS AND DIRECTORS

D
HALL, NORA
1316 OVERBROOK DRIVE
ORMOND BEACH, FL 32174