

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90027 019 ***150.00

DOCUMENT # P00000042013

1. Entity Name
THE STAFFING AGENCY, INC.

Principal Place of Business 6931-2 LILLIAN ROAD JACKSONVILLE FL 32211	Mailing Address 6931-2 LILLIAN ROAD JACKSONVILLE FL 32211
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112032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4540 SOUTHSIDE BLVD</i>	3. Mailing Address <i>4540 SOUTHSIDE BLVD</i>
Suite, Apt. #, etc. <i>SUITE 402</i>	Suite, Apt. #, etc. <i>SUITE 402</i>
City & State <i>JACKSONVILLE FL</i>	City & State <i>JACKSONVILLE FL</i>
Zip <i>32216</i>	Zip <i>32216</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <i>59-3677658</i>	Applied For Not Applicable
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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

HILL, VERONICA A
6931-2 LILLIAN ROAD
JACKSONVILLE FL 32211

Name *VERONICA O'BRIEN (HILL) IS Maiden NAME*
 Street Address (P.O. Box Number is Not Acceptable)
4540 SOUTHSIDE BLVD
STE 402
 City *JACKSONVILLE* FL Zip Code *32216*

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 *VERONICA O'BRIEN* *Veronica O'Brien* *4/28/01*
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's 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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Veronica O'Brien* *4/28/01 904-998-2033*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)