

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066982

1. Entity Name

SMARTSTAFF, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90093 012 \*\*\*150.00

Principal Place of Business

Mailing Address

11760 MARCO BEACH AVENUE  
SUITE 9  
JACKSONVILLE FL 32224  
US

11760 MARCO BEACH DRIVE  
SUITE 9  
JACKSONVILLE FL 32224-8675  
US

641183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11655 Central Parkway  
Suite, Apt. #, etc.  
Suite 306

11655 Central Parkway  
Suite, Apt. #, etc.  
Suite 306

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32224

USA

32224

USA

4. FEI Number

59-320117

Applied For

Not Applicable

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

DRAKE, ROBERT E  
11760 MARCO BEACH DRIVE  
SUITE 9-  
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

11655 Central Parkway Suite 306

City

Jacksonville

FL

Zip Code

32224

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 S ☐ Delete  
NAME DRAKE, TENA M  
STREET ADDRESS 11760 MARCO BEACH DRIVE, SUITE 9  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 11655 Central Pkwy Suite 306  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME DRAKE, ROBERT E  
STREET ADDRESS 11760 MARCO BEACH DRIVE, SUITE 9  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 11655 Central Pkwy Suite 306  
CITY-ST-ZIP

TITLE PCEO ☐ Delete  
NAME ROSE, BRIAN S  
STREET ADDRESS 11760 MARCO BEACH DRIVE, SUITE 9  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 11655 Central Pkwy Suite 306  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Brian S. Rose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

928-0878  
Daytime Phone #

CR2E034 (9/99)