

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074322

1. Entity Name

CUSTOM STAFFING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90079 045 ***150.00

Principal Place of Business

2600 LAKE LUCIEN DR
SUITE 205
MAITLAND FL 32751
US

Mailing Address

2600 LAKE LUCIEN DR
SUITE 205
MAITLAND FL 32751-7232
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3270426

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

LANGMO, BERNARD D

1066 LAUREL RIDGE DR 1755 Spruce Avenue
MOUNT DORA FL 32757 Winter Park FL 32789

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 PVTD ☐ Delete
NAME LANGMO, BERNARD DON
STREET ADDRESS 33837 SABAL WAY
CITY-ST-ZIP LEESBURG FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1755 Spruce Avenue
CITY-ST-ZIP Winter Park, FL 32789

TITLE V ☐ Delete
NAME HATCHUTT, STACY
STREET ADDRESS 1528 CHERRY RIDGE DR.
CITY-ST-ZIP HEARTHROW FL 32746

TITLE ☐ Change ☐ Addition
NAME Hatchett
STREET ADDRESS 110 Redleaf Court
CITY-ST-ZIP Alpharetta, GA 30005

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)