## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P95000038705 **DOCUMENT #**



**FILED** Feb 25, 2003 8:00 am Secretary of State

UNION TEMPORARY SERVICES, INC.						02-25-2003 90435 001 ***300.00		
Principal Place of Business 3868 SHERIDAN ST SUITE A SUITE A HOLLYWOOD FL 33021		Mailing Address 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131			1			
2. Principal F	Place of Business	3. Mailing Address				-	E LOUITEUR THE TOKINE BETHE OUTS OUTS OUTS BUILT B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				$\dashv$	☐ CHECK HERE IF MAKING CHANGES	
City & State		City	City & State			4.	FEI Number 65-0585128 Applied For	
Zip	Zip Country		Zip Cou		intry		Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Curren	t Register	ed Agent	<u> </u>	- <del> </del>	7.	Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, SUITE 3000 MIAMI FL 33131					Name Street Address (P.O. Box Number is Not Acceptable)			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					City		, <b>FL</b> Zip Code	
8. The above the obligate SIGNATURE	named entity submits this statement fitions of registered agent.				ed office or regis		gent, or both, in the State of Florida. 1 am familiar with, and accept reinstating)  DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State					9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTO	DRS	11,		AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCNALLY, DYLEE 8868 SHERIDAN ST SUITE A HOLLYWOOD FL 33021		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLANTON, WENDY 3868 SHERIDAN ST SUITE A HOLLYWOOD FL 33021		☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLANTON, JANET S 3868 SHERIDAN ST SUITE A HOLLYWOOD FL 33021		□ Delete		- 1	<del></del>	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l		☐ Change ☐ Addition	
of the con	on this report of supplemental report is	s true and owered to	accurate and that m execute this report a	iv sidnat	ure shall have the	a same l	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 if	

**SIGNATURE:** 

FED February 19, 2003

(954) 893-1141

Daytime Phone #