

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90043 022 \*\*\*150.00

0402983

**DOCUMENT # P97000018934**

1. Entity Name  
**STAFF LEASING, INC.**

Principal Place of Business <b>600 301 BLVD WEST          SUITE 202          BRADENTON FL 34205</b>	Mailing Address <b>600 301 BLVD WEST          SUITE 202          BRADENTON FL 34205</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0735612**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 date if applicable. (NOTE: Registered Agent signature required when re-registering)

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

TITLE NAME P <b>GOLDMAN, RICHARD A</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>600 301 BLVD WEST STE 202</b>	
CITY-ST-ZIP <b>BRADENTON FL 34205</b>	
TITLE NAME CFO <b>PANNING, JOHN E</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>600 301 BLVD WEST STE 202</b>	
CITY-ST-ZIP <b>BRADENTON FL 34205</b>	
TITLE NAME VP <b>GRABOWSKI, PETER</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>600 301 BLVD WEST STE 202</b>	
CITY-ST-ZIP <b>BRADENTON FL 34205</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME CEO <b>Michael K. Phippen</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>600 301 Blvd. West Ste 202</b>	
CITY-ST-ZIP	
TITLE NAME SVP: CFO <b>Lisa Harris</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>600 301 Blvd. W. Ste 202</b>	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Peter Grabowski* **PETER GRABOWSKI** 4/27/01 941-748-4540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)