

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 049 ***150.00

DOCUMENT # P97000059726

1. Entity Name

ALLSTAFF, INC.

Principal Place of Business

Mailing Address

9455 KOGER BLVD.
 STE. #101
 ST. PETERSBURG FL 33702
 US

9455 KOGER BLVD.
 STE. #101
 ST. PETERSBURG FL 33702-2431
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0764932**

Applied F
 Not Appli

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLTICOFF, THOMAS D
4615 DES SOL BLVD.
SARASOTA FL 34243

Name **BOLTICOFF THOMAS D**

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

9455 KOGER BL STE 101

City **ST PETERSBURG**

FL Zip Code **33702**

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

THOMAS D. BOLTICOFF **PRESIDENT**

2/7/00

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
 Added to F...

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	BOTICOFF, THOMAS D
STREET ADDRESS	9455 KOGER BLVD, SUITE 101
CITY-ST-ZIP	ST PETERSBURG FL 33702
TITLE	VP <input type="checkbox"/> Delete
NAME	TRAVELER, MELANIE
STREET ADDRESS	9455 KOGER BLVD, SUITE 101
CITY-ST-ZIP	ST PETERSBURG FL 33702
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE THOMAS D. BOLTICOFF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT **2/7/00** **727-568**