

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90004 030 \*\*\*550.00

**DOCUMENT # P97000059726**

1. Entity Name  
**ALLSTAFF, INC.**

Principal Place of Business <b>9800 4TH ST. N.          STE. #101          ST. PETERSBURG FL 33702</b>	Mailing Address <b>9800 4TH ST. N.          STE. #101          ST. PETERSBURG FL 33702</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0764932</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BOLTICOFF, THOMAS D            9455 KOGER BL STE 101            SAINT PETERSBURG FL 33702</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOTICOFF, THOMAS D</b>			NAME	<b>BOLTICOFF, THOMAS D.</b>		
STREET ADDRESS	<b>9455 KOGER BLVD, SUITE 101</b>			STREET ADDRESS	<b>9800 4th St N Suite 101</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>			CITY-ST-ZIP	<b>St. Petersburg, FL 33702</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TRAVELER, MELANIE</b>			NAME	<b>TRAVELER, MELANIE</b>		
STREET ADDRESS	<b>9455 KOGER BLVD, SUITE 101</b>			STREET ADDRESS	<b>9800 4th St N Suite 101</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>			CITY-ST-ZIP	<b>St. Petersburg, FL 33702</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: THOMAS D. BOLTICOFF Date: 6/14/01 Daytime Phone #: 727-568-0200

CR2E034 (10/00)