

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State
 04-04-2000 90031 011 ***150.00

DOCUMENT # P98000004601
 1. Entity Name
Access Staffing Inc

Principal Place of Business Mailing Address
10100 W. Sample Rd Seneca
Suite 304
Coral Springs, FL 33065

80051790

2. Principal Place of Business 3. Mailing Address
6503 W. Sample Rd 6503 W. Sample Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 304 Suite 304

DO NOT WRITE IN THIS SPACE

City & State City & State
Coral Springs, FL Coral Springs, FL
 Zip Country Zip Country
33065 Broward 33065 Broward

4. FEI Number Applied For
65-0814417 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
 Name James J. Scimone
 Street Address (P.O. Box Number is Not Acceptable) 6503 NW 105 Terr
 City Parkland FL 32772

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 James J. Scimone 3/27/00
Signature typed, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President (P)</u> <u>James J. Scimone</u> <u>10100 W. Sample Rd, #304</u> <u>Coral Springs, FL 33065</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President (VP)</u> <u>Linda Scimone</u> <u>10100 W. Sample Rd, #304</u> <u>Coral Springs, FL 33065</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James J. Scimone 3/27/00 954/345-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)