

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081533

1. Entity Name

SURESTAFF, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90081 010 ***150.00

Principal Place of Business

9393 W. SAMPLE RD.
CORAL SPRINGS FL 33065

Mailing Address

9393 W. SAMPLE RD.
CORAL SPRINGS FL 33065-4147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0950979

Applied For

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

CHEFFY, JANE YEAGER
2375 TAMiami TR. N., STE. 310
NAPLES FL 34103-4439

Name

Mary Kathleen Ure

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

9393 W. Sample Road Suite 201

City

Coral Springs

FL

Zip Code

33065

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

Mary Kathleen Ure

Mary Kathleen Ure

4-10-00

Signature, typed or 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME URE, KATHY C
STREET ADDRESS 9393 W. SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DPST ☒ Change ☐ Addition
NAME Mary Kathleen Ure
STREET ADDRESS 9393 W. Sample Road Suite 201
CITY-ST-ZIP Coral Springs, FL 33065

TITLE DST ☒ Delete
NAME BULLOCK, JEFFREY S
STREET ADDRESS 9393 W. SAMPLE RD.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Kathleen Ure

Mary Kathleen Ure

4-10-00

954-340-2858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)