2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708836 1. Entity Name

ATTENDING STAFF FOUNDATION, INC.

FILED Feb 28, 2002 8:00 am Secretary of State

2. Principal Place of Business 3. Misting Address 3. Misting Address 3. Suris, Apt. # etc. City & State City									
Acceptable place of Business 3. Mailing Address 3.	Principal Plac	ce of Business	Mailing Address 🛴	1.00	RUINA	7			
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2. Minicipal Place of Business			JACKSONVILLE FLA 322	m Ə	NOTICE NO	SP 1			
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Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Application Application Application Server Address of Current Registered Agent To Name and Address of Suite Desired Sea. 75. Additional Fee Required Fee Required Server Address (P.O. Box Number is Not Acceptable) Sirred Address (P.O. Box Number is Not Acceptable) Sirred Address (P.O. Box Number is Not Acceptable) Fig. 26 Codd City Fig. 26 Codd City Fig. 26 Codd City Fig. 27				0,00	27709		Bi (Bib) idien isie ein bib)	ı Albei Bible Öz	8 21 818 11 1881
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Street Address (P.O. Box Number iš Not Acceptable) Street Address (P.O. Box Number iš Not Acceptable) Street Address (P.O. Box Number iš Not Acceptable) City FL Zip Code B. 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 Signam, typice or printer rune of no stated agent and title 4 applicative. (*CITE Registered Agent agreeux required effect an enabling) DATE FILE NOW: FEE IS \$61.25 S. Election Campaign Financing Address (P.O. Box Number iš Not Acceptable) POPULATION OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TILE DACKSONVILLE FL DOS RIVERSION AVE. SITER ADDRESS SI		6. Name and Address of Curren	t Registered Agent			7. Name and Add	ress of New Registered /	\gent	
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2. 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS-CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS	FOSTER, MALCOLM 655 WEST 82TH STREET JACKSONVILLE FL CORWIN, JAMES H 592 ALHAMBRA LN PONTE VEDRA FL 32082 ESQ, JEFF L JUD W 16 SOUTH 280 JACKSONVILLE FL 32216 TROTTER, GS 2023 MYRA 5ST JACKSONVILLE FL 32204 THOTER SST JACKSONVILLE FL 32204 D M D EDWARDS, LINDA R 655 WEST 8THS DEPT MED	Delete Delete	TITLE NAME STREE CITY	ET ADDRESS ST-ZIP			Change Change	Addition Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an apprecia, with all other like empowered.