

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2003 8:00 am**  
**Secretary of State**

07-29-2003 90012 028 \*\*\*150.00

0145018 AB

DOCUMENT # F00000002643

1. Entity Name  
ISO STAFF SERVICES, INC.



Principal Place of Business  
545 WASHINGTON BLVD  
JERSEY CITY NJ 07310  
US

Mailing Address  
545 WASHINGTON BLVD  
JERSEY CITY NJ 07310  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-0566106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, WILLIAM T  
8738 AUTUMN GREEN DRIVE  
JACKSONVILLE FL 32256-9556

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME COYNE, FRANK  
STREET ADDRESS 545 WASHINGTON BLVD  
CITY-ST-ZIP JERSEY CITY NJ 07310 ☐ Delete

TITLE PD  
NAME Coyne, Frank  
STREET ADDRESS 545 Washington Blvd.  
CITY-ST-ZIP Jersey City, NJ 07310 ☒ Change ☐ Addition

TITLE V  
NAME GIASI, JOE  
STREET ADDRESS 545 WASHINGTON BLVD  
CITY-ST-ZIP JERSEY CITY NJ 07310 ☐ Delete

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

TITLE S  
NAME LANGELL, JAMES  
STREET ADDRESS 545 WASHINGTON BLVD  
CITY-ST-ZIP JERSEY CITY NJ 07310 ☐ Delete

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

TITLE V  
NAME GERAGHTY, KEN  
STREET ADDRESS 545 WASHINGTON BLVD  
CITY-ST-ZIP JERSEY CITY NJ 07310 ☐ Delete

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

TITLE C  
NAME ANQUILLARE, MARK V  
STREET ADDRESS 545 WASHINGTON BLVD  
CITY-ST-ZIP JERSEY CITY NJ 07310 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenmer J. Geraghty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-03

201 469 2772

Date

Daytime Phone #

CR2E034 (4/03)