

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90500 037 ***150.00

DOCUMENT # F01000005667

1. Entity Name

ACT-I TEMPORARIES, INC. OF INDIANA



Principal Place of Business

**3690 EAST BAY DRIVE
SUITE V
LARGO FL 33771**

Mailing Address

**7811 FLINT ROAD, STE A
COLUMBUS OH 43235**

2. Principal Place of Business

3. Mailing Address

1395 E. Dublin-Granville Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

City & State

City & State

Columbus, OH

Zip

Country

Zip

43229

Country

4. FEI Number

62-1605246

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

HOYLE, D. ROBERT

**1001 THIRD AVENUE WEST, STE 260
BRADENTON FL 34205**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
ROBINSON, WILLIAM J
7811 FLINT RD, STE A
COLUMBUS OH 43235**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
ROBINSON, ANGELA
2017 TIFFIN AVENUE
FINDLAY OH 45840**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BEHAL, ROBERT J
501 SOUTH HIGH STREET
COLUMBUS OH 43215**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 an other file empowered.

SIGNATURE:

Angela Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-03

419423-0713

CR2E034 (10/02)