

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146103 AB

DOCUMENT # **F02000002546**

1. Entity Name  
**HOBBS STAFFING SERVICES, INC.**



FILED

03 NOV 10 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**307 SOUTH SWING ROAD  
GREENSBORO NC 27409**

Mailing Address  
**307 SOUTH SWING ROAD  
GREENSBORO NC 27409**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**REINSTATEMENT 03**  
CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **62-1236734**  
Applied For   
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
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.  
**Allan Farnell, Assistant Vice President**  
SIGNATURE \_\_\_\_\_ DATE **11-7-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>HOBBS, R. JACK<br/>307 SOUTH SWING ROAD<br/>GREENSBORO NC 27409</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CEO<br/>HARRISON, BRUCE G<br/>307 SOUTH SWING ROAD<br/>GREENSBORO NC 27409</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SCFO<br/>RAY, ALLISON C<br/>7057-B WEST FRIENDLY AVE.<br/>GREENSBORO NC 27410</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COO<br/>MCDANIEL, WILLIAM R<br/>2778 RIDEOUT LANE, 0703<br/>MURFREESBORO TN 37128</b> <input type="checkbox"/> Delete<br><i>307 SOUTH SWING RD GREENSBORO NC 27409</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>HARRISON, BRUCE G<br/>307 SOUTH SWING ROAD<br/>GREENSBORO NC 27409</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SECRETARY - DIRECTOR<br/>MARK F. GRIFFIN<br/>307 SOUTH SWING ROAD<br/>GREENSBORO, NC 27409</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>600023997720<br/>10/22/03--01007--017 **750.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR<br/>MCDANIEL, WILLIAM R.<br/>307 SOUTH SWING ROAD<br/>GREENSBORO NC 27409</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *MARK F. GRIFFIN* **SIGNATURE REQUIRED** *MARK F. GRIFFIN* **10/13/03** **(336) 232-5903**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)