

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90145 006 \*\*\*150.00

**DOCUMENT # F02000005237**

**1. Entity Name**  
**A PLUS STAFFING, INC.**



**Principal Place of Business**  
**13228 EUCALYPTUS DRIVE**  
**JACKSONVILLE FL 32225**

**Mailing Address**  
**13228 EUCALYPTUS DRIVE**  
**JACKSONVILLE FL 32225**



**2. Principal Place of Business**

**3. Mailing Address**

**900 CESERY Blvd.**

**900 CESERY BLVD.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**101**

**Suite 101**

**City & State**

**City & State**

**JACKSONVILLE, FL.**

**JACKSONVILLE, FL.**

**Zip**

**Country**

**Zip**

**Country**

**32211**

**U.S.A.**

**32211**

**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**54-2065242**

**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**

**BESTOYONG, ARMINDA**  
**13228 EUCALYPTUS DRIVE**  
**JACKSONVILLE FL 32225**

**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** **PC** ☐ Delete  
**NAME** **BESTOYONG, ARMINDA**  
**STREET ADDRESS** **13228 EUCALYPTUS DRIVE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32225**

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

**TITLE** **VST** ☐ Delete  
**NAME** **ESPIRITU, FE**  
**STREET ADDRESS** **13276 EUCALYPTUS DRIVE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32225**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 without other like empowered.**

**SIGNATURE:**

**SARMINDA M. BESTOYONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FE A. ESPERITU**

Date

Daytime Phone #

**1-7-03 (904) 762-2929**

CR2E034 (10/02)