

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90105 019 ****70.00

DOCUMENT # F96000005736

1. Entity Name

JOBSMART EMPLOYMENT AND TEMPORARY SERVICES, INC.

Principal Place of Business

Mailing Address

~~3900 COLONIAL BLVD~~ **10051 McGregor Blvd** ~~3900 COLONIAL BLVD~~
~~STE 9~~ **Suite 104** ~~STE 9~~
~~FT MYERS FL 33912~~ **FT MYERS, FLA** ~~FT MYERS FL 33912-1049~~

Please mail to

2. Principal Place of Business

3. Mailing Address

10051 McGregor Blvd
 Suite, Apt. #, etc.
Suite 104

P.O. Box 127
 Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FLA

SACO MAINE

Zip

Country

Zip

Country

33919

USA

04072

USA

4. FEI Number

01-0480400

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**
 NAME **FILLIGER, CHERYL**
 STREET ADDRESS **1 PARK PLACE, 445 MAIN ST**
 CITY-ST-ZIP **SACO ME 04072**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **T**
 NAME **OUELLETTE, ROBERT**
 STREET ADDRESS **445 MAIN ST**
 CITY-ST-ZIP **SACO ME 04072**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
 NAME **BOLDUC, TINA**
 STREET ADDRESS **74 PROSPECT ST**
 CITY-ST-ZIP **BIDDEFORD ME 04005**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
 NAME **OUELLETTE, LISE**
 STREET ADDRESS **445 MAIN ST**
 CITY-ST-ZIP **SACO ME 04072**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
 NAME **TRAVER, LIZ**
 STREET ADDRESS **6060 SW 18TH ST #121**
 CITY-ST-ZIP **BOCA RATON FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **P**
 NAME **RICHARD, HENRY**
 STREET ADDRESS **TATNIC RD**
 CITY-ST-ZIP **WELLS ME**

☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glenn Alterman Exec. Director 3/15/00 207 283 1020

CR2E037 (9/99)