

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001234

1. Entity Name

HEADWAY CORPORATE STAFFING SERVICE OF NORTH CARO

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90235 004 ***150.00

Principal Place of Business

2003 HIGHWAY 54
DURHAM NC 27713

Mailing Address

2003 HIGHWAY 54
DURHAM NC 27713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3923926

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSEMAN, BARRY	
STREET ADDRESS	850 3RD AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIST, MICHAEL	
STREET ADDRESS	317 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, GARY	
STREET ADDRESS	850 3RD AVE., 11TH FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVINSON, PHILICIA	
STREET ADDRESS	850 3RD AVE., 11TH FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Michael Miller	
STREET ADDRESS	2003 Highway 54	
CITY-ST-ZIP	Durham, NC 27713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. 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 11 or Block 12 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

Michael Miller, v.p.

1/28/00

(919) 544-2600

Date

Daytime Phone #

CR2E034 (9/99)