

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001605

1. Entity Name

UNITED STAFFING OF AMERICA, LTD. CORPORATION

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91561 032 \*\*\*550.00

767419



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2851 HIGH MEADOW CR 101 AUBURN HILLS MI 48326	2851 HIGH MEADOW CR 101 AUBURN HILLS MI 48326

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	38-3338677	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>LAMBKA, BRIAN W</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2851 HIGH MEADOW CIRCLE STE. 101</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>AUBURN HILLS MI 48326</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	LAMBKA, BRIAN W		STREET ADDRESS	2851 HIGH MEADOW CIRCLE STE. 101		CITY-ST-ZIP	AUBURN HILLS MI 48326		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	LAMBKA, BRIAN W																								
STREET ADDRESS	2851 HIGH MEADOW CIRCLE STE. 101																								
CITY-ST-ZIP	AUBURN HILLS MI 48326																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>PCP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MEADE, THOMAS C</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2851 HIGH MEADOW CIRCLE STE. 101</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>AUBURN HILLS MI 48326</td><td></td></tr></table>	TITLE	PCP	<input type="checkbox"/> Delete	NAME	MEADE, THOMAS C		STREET ADDRESS	2851 HIGH MEADOW CIRCLE STE. 101		CITY-ST-ZIP	AUBURN HILLS MI 48326		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PCP	<input type="checkbox"/> Delete																							
NAME	MEADE, THOMAS C																								
STREET ADDRESS	2851 HIGH MEADOW CIRCLE STE. 101																								
CITY-ST-ZIP	AUBURN HILLS MI 48326																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>CARLESIMO, DAVID O</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2851 HIGH MEADOW CR SUITE 101</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>AUBURN HILLS MI 48326</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	CARLESIMO, DAVID O		STREET ADDRESS	2851 HIGH MEADOW CR SUITE 101		CITY-ST-ZIP	AUBURN HILLS MI 48326		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	CARLESIMO, DAVID O																								
STREET ADDRESS	2851 HIGH MEADOW CR SUITE 101																								
CITY-ST-ZIP	AUBURN HILLS MI 48326																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td>PCP</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Stone, David L</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2851 High Meadow Circle Ste. 101</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Auburn Hills, MI 48326</td><td></td></tr></table>	TITLE	PCP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Stone, David L		STREET ADDRESS	2851 High Meadow Circle Ste. 101		CITY-ST-ZIP	Auburn Hills, MI 48326	
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE	PCP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Stone, David L																								
STREET ADDRESS	2851 High Meadow Circle Ste. 101																								
CITY-ST-ZIP	Auburn Hills, MI 48326																								
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

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: Thomas C. Meade 5/10/01 (248) 269-7037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)