

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000006318**

1. Entity Name

ADVANTAGE STAFFING & BENEFITS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90095 030 ***150.00

Principal Place of Business

**904 7TH NORTH STREET
LIVERPOOL NY 13088**

Mailing Address

**904 7TH NORTH STREET
LIVERPOOL NY 13088-6103**

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

16-1462120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, KENNETH J
6531 PARK OF COMMERCE BLVD
SUITE C-160
BOCA RATON FL 33487**

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

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	PCTD	<input type="checkbox"/> Delete
NAME	KERSEY, KEVIN J	
STREET ADDRESS	4961 CORNISH HEIGHTS PWY	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LIECHTY, LAURA J	
STREET ADDRESS	4420 OAK ORCHARD ROAD	
CITY-ST-ZIP	CLAY NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOWNIREUKO, LYDIA	
STREET ADDRESS	4961 CORNISH HEIGHTS PWY	
CITY-ST-ZIP	SYRACUSE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura J. Liechty
Laura J. Liechty

3/15/00 (315)-
461-2000

Date

Signature Phone #