

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006318

1. Entity Name

ADVANTAGE STAFFING & BENEFITS, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90043 026 ***150.00

Principal Place of Business

Mailing Address

904 7TH NORTH STREET
LIVERPOOL NY 13088

904 7TH NORTH STREET
LIVERPOOL NY 13088

2. Principal Place of Business

3. Mailing Address

210 PARK AVENUE, SUITE 1200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OKLAHOMA CITY, OK

Zip

Country

Zip

Country

73102

USA

4. FEI Number 16-1462120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCTD
KERSEY, KEVIN J
4961 CORNISH HEIGHTS PWY
SYRACUSE NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/SECRETARY/TREAS/D...
JONES, JOHN L.
410 WARE BLVD., SUITE 716
TAMPA, FL 33619 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
LIECHTY, LAURA J
4420 OAK ORCHARD ROAD
CLAY NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/D
HAGEMAN, DALE
210 PARK AVENUE, SUITE 1200
OKLAHOMA CITY, OK 73102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZOWNIREUKO, LYDIA
4961 CORNISH HEIGHTS PWY
SYRACUSE NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT/D
CIVELLO, PETER J.
904 SEVENTH NORTH STREET
LIVERPOOL, NY 13088 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSISTANT SECRETARY
KRITTENBRINK, SHERRI
210 PARK AVENUE, SUITE 1200
OKLAHOMA CITY, OK 73102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: SHERRI KRITTENBRINK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherr Krittenbrink

04/09/01

Date

(405) 232-9888

Daytime Phone #

CR2E034 (10/00)