

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
 09-12-2001 90103 037 ***550.00

UBR/BU AI

DOCUMENT # F98000000645

1. Entity Name
ASI STAFFING, INC.

Principal Place of Business
**175 BROAD HOLLOW RD.
 MELVILLE NY 11747**

Mailing Address
**175 BROAD HOLLOW RD.
 MELVILLE NY 11747**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3325065**

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

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 4435 OLD WINTER GARDEN RD.
 ORLANDO FL 32802**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	P	<input checked="" type="checkbox"/> Delete
NAME	MALONE, RONALD A	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSTEN, STUART	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSTEN, STUART	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	PUGLISI, ANTHONY J	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LADEROUTE, LAURIN L JR.	
STREET ADDRESS	175 BROAD HOLLOW RD.	
CITY-ST-ZIP	MELVILLE NY 11747	

TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Pond-Heide	
STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	Melville NY 11747	
TITLE	CFO D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark R. Eaton	
STREET ADDRESS	175 Broad Hollow Rd.	
CITY-ST-ZIP	Melville NY 11747	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jyrl Washington	
STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	Melville NY 11747	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen M. Grippa	
STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	Melville NY 11747	
TITLE	VP of Taxation	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Smalheiser	
STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	Melville NY 11747	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diana Karabelas	
STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	Melville NY 11747	

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01
 Date

631 844 7800
 Daytime Phone #

CR2E034 (5/01)