

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003094

1. Entity Name

TRADESOURCE STAFFING INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90009 009 ***150.00

Principal Place of Business

Mailing Address

75 HOLLY HILL LANE
GREENWICH CT 06830
US

PO BOX 5267
GREENWICH CT 06831-0504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-7045319

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	KASKEL, RICHARD	
STREET ADDRESS	75 HOLLY HILL LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KASKEL, DAVID	
STREET ADDRESS	75 HOLLY HILL LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> Delete
NAME	TREACY, PATRICK	
STREET ADDRESS	75 HOLLY HILL LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PISKE, RICHARD	
STREET ADDRESS	75 HOLLY HILL LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEARLES, MATTHEW	
STREET ADDRESS	75 HOLLY HILL LANE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DEAN	
STREET ADDRESS	36 GROVE ST	
CITY-ST-ZIP	NEW CANAAN CT 06840	

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		
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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

Date

Daytime Phone #

Patrick T. Treacy 1/11/00 203-629-1244

CR2E034 (9/99)