


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91316 014 ***150.00

0062332 AB

DOCUMENT # F98000003765	
1. Entity Name JFC PERSONNEL, INC.	

Principal Place of Business 1520 MARKET STREET CAMP HILL PA 17011-4815	Mailing Address 1520 MARKET STREET CAMP HILL PA 17011-4815
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2. Principal Place of Business		3. Mailing Address	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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City & State		City & State	
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Zip	Country	Zip	Country
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4. FEI Number	23-2028453	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZAMPOGNA, CHRISTOPHER		Name	
9935 SW 41ST ROAD		Street Address (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32608			
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	CARCHIDI, JAMES F JR.	NAME	
STREET ADDRESS	60 HIGH RIDGE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	CARCHIDI, LUNDA A	NAME	
STREET ADDRESS	60 HIGH RIDGE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/22/03 (717) 761-8095 x144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/02)