

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006522

1. Entity Name

COMPUSTAFF TECHNOLOGIES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90211 033 ***150.00

Principal Place of Business Mailing Address
1365 WESTGATE CENTER DR. STE. A-2 1365 WESTGATE CENTER DR. STE. A-2
WINSTON-SALEM NC 27103 WINSTON-SALEM NC 27103-2980

2. Principal Place of Business 3. Mailing Address
S/A S/A
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 56-2076847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 SD ☐ Delete
NAME ADAMS, PAMELA J
STREET ADDRESS 1365 WESTGATE CENTER DR. STE. A-2
CITY-ST-ZIP WINSTON-SALEM NC 27103

TITLE D ☐ Delete
NAME ADAMS, HUGH M
STREET ADDRESS 1365 WESTGATE CENTER DR. STE. A-2
CITY-ST-ZIP WINSTON-SALEM NC 27103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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)(f), 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:

Pamela J. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #