

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003565

1. Entity Name

FINANCIAL STAFFING PARTNERS OF FLORIDA, LLC

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90048 010 ***150.00

Principal Place of Business

Mailing Address

4538 GRENADIER PLACE
CASTRO VALLEY CA 94546

4538 GRENADIER PLACE
CASTRO VALLEY CA 94546-1275

2. Principal Place of Business

1060 Maitlant Cntr

3. Mailing Address

P.O. Box 371390

Suite, Apt. #, etc.

Ste 401

Suite, Apt. #, etc.

City & State

Maitland, Florida

City & State

Montara, CA

Zip

32751

Country

Zip

94037

Country

San Mateo

4. FEI Number

94-3332294

Applied For

Not Applicable

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

SONNENSCHNEIN, MICHAEL D
C/O STEIN, SONNENSCHNEIN, HOCHMAN, PEPPLER
1420 ALAFAYA TRAIL, SUITE 101
OVIEDO FL 32765

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 ☐ Delete
NAME D BURR, DIANNE E
STREET ADDRESS 8200 CABRILLO HIGHWAY
CITY-ST-ZIP ~~MONTARRA, CA 94037~~ MONTARRA, CA 94037

TITLE ☒ Change ☐ Addition
NAME BURR, DIANNE BORSINI
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DPST
STREET ADDRESS HINES, OLGA C
CITY-ST-ZIP 4538 GRENADIER PLACE
CASTRO VALLEY CA 94546

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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)(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:

Olga C Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 407 703/900

CR2E034 (9/99)