

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90894 001 *2,219.00

0465126 AV

DOCUMENT # J90648

1. Entity Name
STAFF MANAGEMENT SOLUTIONS, INC.



Principal Place of Business
1911 US HWY 301 NORTH
SUITE 450
TAMPA FL 33619

Mailing Address
1911 US HWY 301 NORTH
SUITE 450
TAMPA FL 33619



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2864680**

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

HOLCOMB, VICTOR W
106 S TAMPA AVE
SUITE 200
TAMPA FL 33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be**

10. OFFICERS AND DIRECTORS

11.

TITLE **CEO** ☒ Delete
NAME **GLASS, MARSHALL R**
STREET ADDRESS **1911 US HWY 301 N, STE 450**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **President**
NAME **Steve Harper**
STREET ADDRESS **4311 Robin Lane**
CITY-ST-ZIP **Tampa, FL 33609**

☒ Addition

TITLE **P** ☒ Delete
NAME **GASKIN, MICHAEL**
STREET ADDRESS **1911 US HWY 301 N, STE 450**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **Chief Operating Officer**
NAME **J. E. (Gene) Smith**
STREET ADDRESS **13811 Whisperwood Dr.**
CITY-ST-ZIP **Clearwater, FL 33762**

☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President**
NAME **Robert Liess**
STREET ADDRESS **2602 West Sam Allen Rd.**
CITY-ST-ZIP **Plant City, FL 33565**

☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED **ROBERT M. LIESS**

4-30-03

813-246-5657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)