

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90967 015 ***150.00

DOCUMENT # K41321

1. Entity Name

COMPUTER PLUS STAFFING SOLUTIONS, INC.



Principal Place of Business

**11300 4TH ST. NORTH
SUITE 115
ST. PETERSBURG FL 33716
US**

Mailing Address

**11300 4TH ST. NORTH
SUITE 115
ST. PETERSBURG FL 33716
US**

2. Principal Place of Business

1221 West Colonial

3. Mailing Address

1221 W. Colonial Dr

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Orlando FL

City & State

Orlando FL

Zip

32804

Country

US

Zip

32804

Country

US

4. FEI Number

59-2924592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NEESE, CINDY

**11300 4TH STREET NORTH #115
ST. PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1221 W. Colonial Dr

Suite 104

City

Orlando

FL

Zip Code

32804

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DST** ☐ Delete
NAME **CALPIN, THOMAS P**
STREET ADDRESS **11300 4TH ST., N., SUITE 115**
CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE **DC** ☐ Delete
NAME **RADZIOW, PAUL**
STREET ADDRESS **11300 4TH ST., N., SUITE 115**
CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE **P** ☒ Delete
NAME **CURRY, JOHN L JR.**
STREET ADDRESS **11300 4TH ST., N., SUITE 115**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **P** ☐ Delete
NAME **NEESE, CINDY S**
STREET ADDRESS **11300 4TH ST., N., SUITE 115**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1221 W. Colonial Dr-Suite 104**
CITY-ST-ZIP **Orlando FL 32804**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1221 W. Colonial Dr Suite 104**
CITY-ST-ZIP **Orlando FL 32804**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1221 W. Colonial Dr-Suite 104**
CITY-ST-ZIP **Orlando FL 32804**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03 716-883-0771

Date

Daytime Phone #

CR2E034 (10/02)