

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/8

**FILED**

**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90156 004 \*\*\*150.00

**DOCUMENT # L39171**

1. Entity Name

**TEAMSTAFF INSURANCE SERVICES, INC.**

Principal Place of Business

Mailing Address

C/O KIRK A. SCOGGINS  
1211 N. WESTSHORE BLVD., STE. 800  
TAMPA FL 33607  
US

TEAMSTAFF INC  
300 ATRIUM DR  
SOMERSET NJ 08873-4105  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2988436**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOGGINS, KIRK A.  
1211 N. WESTSHORE BLVD.  
STE. 800  
TAMPA FL 33607

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	P	<input type="checkbox"/> Delete
NAME	SCOGGINS, KIRK A.	
STREET ADDRESS	1901 BROOKLINE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	KELLY, DONALD T	
STREET ADDRESS	300 ATRIUM DR	
CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	C	<input type="checkbox"/> Delete
NAME	KAPPAUF, DONALD W	
STREET ADDRESS	300 ATRIUM DR	
CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00

732-748-1700