

2000 UNIFORM BUSINESS REPORT (UBR)

2/8.

DOCUMENT # L39173

1. Entity Name

TEAMSTAFF IX, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

02-08-2000 90157 005 ***150.00

Principal Place of Business

Mailing Address

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

59-2988440

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 CT Corporation

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

1200 SO. PINE ISLAND ROAD

City PLANTATION

FL

Zip Code 33324

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME	SCOGGINS, KIRK A.	NAME	
STREET ADDRESS	1901 BROOKLINE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME	KELLY, DONALD T	NAME	
STREET ADDRESS	300 ATRIUM DR	STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME	KAPPAUF, DONALD W	NAME	
STREET ADDRESS	300 ATRIUM DR	STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 732-748-1700