

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90103 005 \*\*\*158.75

0574908 AT

**DOCUMENT # L39173**

1. Entity Name  
**TEAMSTAFF IX, INC.**

Principal Place of Business Mailing Address  
**C/O KIRK A. COGGING** **TEAMSTAFF, INC.**  
**1211 N. WESTSHORE BLVD., STE. 800** **300 ATRIUM DR**  
**TAMPA FL 33607** **SOMERSET NJ 08873**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
**300 Atrium Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Somerset, N.J.**  
 Zip Country Zip Country  
**08873 USA**

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  
**~~C/O KIRK A. COGGING~~**  
**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>JANKOWSKI, KENN</b>
STREET ADDRESS	<b>1901 ULMERTON RD., SUITE 800</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>
TITLE	<b>VTS</b> <input type="checkbox"/> Delete
NAME	<b>KELLY, DONALD T</b>
STREET ADDRESS	<b>300 ATRIUM DR</b>
CITY-ST-ZIP	<b>SOMERSET NJ 08873</b>
TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>KAPPAUF, DONALD W</b>
STREET ADDRESS	<b>300 ATRIUM DR</b>
CITY-ST-ZIP	<b>SOMERSET NJ 08873</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Corporate Controller</b>
STREET ADDRESS	<b>Gerard Romano</b>
CITY-ST-ZIP	<b>300 Atrium Drive</b>
	<b>Somerset, N.J. 08873</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Gerard Romano  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02 (732) 748-1700  
 Date Daytime Phone #

CR2E034 (9/01)