

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L39176**

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

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90008 026 \*\*\*558.75

0091848 AV

Principal Place of Business

**1211 N WESTSHORE BLVD  
STE 8004  
TAMPA FL 33637**

Mailing Address

**1901 ULMERTON RD.  
8TH FLOOR  
CLEARWATER FL 33762  
US**

2. Principal Place of Business

**300 Atrium Drive**

Suite, Apt. #, etc.

3. Mailing Address

**300 Atrium Drive**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Somerset, N.J.**

City & State  
**Somerset, N.J.**

4. FEI Number **59-2988438**

Applied For  
Not Applicable

Zip  
**08873**

Country  
**U.S.**

Zip  
**08873**

Country  
**U.S.**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION**

**1200 S. PINE ISLAND RD.  
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

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SCOGGINS, KIRK A.  
1901 BROOKLINE  
TAMPA FL 33629** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS  
KELLY, DONALD  
300 ATRIUM DR  
SOMERSET NJ 08873** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
KAPPAUF, DONALD W  
300 ATRIUM DR  
SOMERSET NJ 08873** ☐ Delete *Spelled wrong*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Kenn Jankowski  
1901 ULMERTON RD. SUITE 800  
CLEARWATER F.L. 33762** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Kappauf Donald W** ☐ Change ☐ Addition

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

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

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

**8/24/01 732-748-1700**  
Date Daytime Phone #

CR2E034 (5/01)