

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82772

1. Entity Name

AMERISTAFF INDUSTRIAL, INC.

Principal Place of Business

3040 GULF TO BAY BOULEVARD
SUITE 110
CLEARWATER FL 33759
US

Mailing Address

3040 GULF TO BAY BOULEVARD
SUITE 110
CLEARWATER FL 33759-4317
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CRUM, FRANK W JR.
3040 GULF-TO-BAY BLVD., SUITE #110
CLEARWATER FL 34619

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 \$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 PAS ☐ Delete

NAME CRUM, FRANK JR
STREET ADDRESS 3040 GULF TO BAY BLVD, SUITE 110
CITY-ST-ZIP CLEARWATER FL

TITLE DVS ☐ Delete

NAME CRUM, FRANK SR
STREET ADDRESS 3040 GULF TO BAY BLVD, SUITE 110
CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ Delete

NAME CRUM, FRANK J
STREET ADDRESS 3040 GULF TO BAY BLVD., SUITE 110
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

727-799-1229

Daytime Phone #

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90076 005 ***158.75

629896



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3022727

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

CR2F014 (3/00)