

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90088 003 ****61.25

DOCUMENT # N02000004577

1. Entity Name

COMMUNITY BASED STAFFING &
SERVICES CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6009 DR ML KING STREET NORTH

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG FL 33703

City & State

4. FEI Number

02.0616337

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name OKEY R RYAN

Street Address (P.O. Box Number is Not Acceptable)
6009 DR ML KING STREET N

City ST PETERSBURG

FL

Zip Code 33703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME OKEY R RYAN
STREET ADDRESS 6009 DR ML KING STREET N
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE DO
NAME ALEX LINDSAY
STREET ADDRESS 6009 DR ML KING STREET N
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE VP
NAME KIMALI RYAN
STREET ADDRESS 6009 DR ML KING STREET N
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

CR2E037B (12/02)