

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000005769

FILED  
May 20, 2002 8:00 AM  
Secretary of State

Entity Name: STAFFPAC, INC.

## Current Principal Place of Business:

3910 RCA BLVD, STE 1001  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

## Current Mailing Address:

3910 RCA BLVD, STE 1001  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNETT, JEFFREY S  
3910 RCA BLVD STE 1001  
PALM BEACH GARDENS, FL 33410

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: BURNETT, JEFFREY  
Address: 3910 RCA BLVD STE 1001  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD ( ) Delete  
Name: KLORFEIN, JONATHON  
Address: 3910 RCA BLVD, STE 1001  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete  
Name: GALLAGHER, ROBERT  
Address: 3910 RCA BLVD STE 1001  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: KLORFEIN, JONATHAN  
Address: 3910 RCA BLVD, STE 1001  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S BURNETT

CPD

05/20/2002

Electronic Signature of Signing Officer or Director

Date