

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0042671

DOCUMENT # N96000000296

1. Entity Name

LABOR LINE SERVICES, INC.

03-11-2002 90067 010 ****61.25

Principal Place of Business

Mailing Address

**4914 CREEKSIDE DRIVE
 SUITE A
 CLEARWATER FL 33760
 US**

**12425 28TH ST N
 SUITE 103
 ST PETERSBURG FL 33716
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3366212

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

7. Name and Address of New Registered Agent

**BREWTON, WILBUR E
 225 SOUTH ADAMS STREET
 SUITE 250
 TALLAHASSEE FL 32301**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
 NAME **HOOVER, ROBIN C**
 STREET ADDRESS **12425 28TH STREET NORTH, STE. 103**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **CD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1000 N. ASHLEY DR STE 600**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **CEO** ☐ Delete
 NAME **DAVIS, PAMELA JO**
 STREET ADDRESS **12425 28TH STREET NORTH, STE. 103**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

TITLE **S** ☒ Delete
 NAME **MAY, RANDALL**
 STREET ADDRESS **12425 28TH STREET NORTH, STE. 103**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

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

TITLE **T** ☐ Delete
 NAME **KNIGHTLY, ESTHER R**
 STREET ADDRESS **12425 28TH STREET NORTH, STE. 103**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SMITH, ROBERT M**
 STREET ADDRESS **12425 28TH STREET NORTH, STE. 103**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **NOBLE, WILLIAM R**
 STREET ADDRESS **12525 28TH STREET NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12425 28TH ST N STE 103**
 CITY-ST-ZIP

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 Block 11 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

1/29/02
 Date

727-556-3306
 Daytime Phone #

CR2E037 (9/01)