

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002006

1. Entity Name

FLORIDA ASSOCIATION OF TEMPORARY SERVICES ORGANI

Principal Place of Business

Mailing Address

30750 U.S. 19 NORTH  
PALM HARBOR FL 34684

P.O. BOX 4699  
CLEARWATER FL 33758

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

7. Name and Address of New Registered Agent

D & B CORPORATE SERVICES, INC.  
30750 US 19 NORTH  
PALM HARBOR FL 34684

Name DAVID A. LAMONT

Street Address (P.O. Box Number is Not Acceptable)

30750 U.S. HWY 19 NORTH

City PALM HARBOR

FL

Zip Code 34684

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

DAVID A. LAMONT

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

(NOTE: Registered Agent signature required when reinstating)

100004745771--7

-12/31/01--01105--006

\*\*\*\*245.00 \*\*\*\*245.00

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 D  
NAME MONGELLUZZI, FRANK M  
STREET ADDRESS 30750 US 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

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

TITLE D  
NAME MONGELLUZZI, CHRISTOPHER F  
STREET ADDRESS 30750 US 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

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

TITLE D  
NAME DEEB, BRIAN P  
STREET ADDRESS 30750 US 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684 ☒ Delete

TITLE D  
NAME ANNE MONGELLUZZI  
STREET ADDRESS 30750 US 19 N  
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

FILED

01 DEC 10 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

0012295

CR2E037 (5/01)

REINSTATEMENT 2001

9/1/01 3477711111