

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003477

1. Entity Name

STAFFING INDUSTRY PURCHASING GROUP, INC.

**FILED**  
Feb 28, 2000 8:00 am  
**Secretary of State**

02-28-2000 90065 033 \*\*\*\*61.25

Principal Place of Business

101 STARCREST DR.  
CLEARWATER FL 33765

Mailing Address

101 STARCREST DR.  
CLEARWATER FL 33765-3225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3451060

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASH, THOMAS C II  
MACFARLANE FERGUSON & MCMULLEN  
400 CLEVELAND ST, 8TH FLOOR  
CLEARWATER FL 34615

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	DP	<input type="checkbox"/> Delete
NAME	BOUCHARD, TIMOTHY A	
STREET ADDRESS	101 STARCREST DR.	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BOUCHARD, J. RAYMOND A	
STREET ADDRESS	101 STARCREST DR.	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOUCHARD, RICHARD E	
STREET ADDRESS	101 STARCREST DR.	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)