

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000013257**

1. Entity Name

CONTRACTOR'S STAFF SERVICES SPECIALISTS, INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90054 014 ***150.00

Principal Place of Business

**1104 OSCEOLA ST
JACKSONVILLE FL 32204**

Mailing Address

**1104 OSCEOLA ST
JACKSONVILLE FL 32204**

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

59-3625487

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

WILLIAM SHANK

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

1104 OSCEOLA ST.

City

JACKSONVILLE

FL

Zip Code

32204

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

WILLIAM SHANK *William Shank***4/26/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SHANK, WILLIAM	1104 OSCEOLA ST	JACKSONVILLE FL 32204				
VD	KNAIER, MARK	1104 OSCEOLA ST	JACKSONVILLE FL 32204				
ST	DAVIS, KEITH	1104 OSCEOLA ST	JACKSONVILLE FL 32204				

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM SHANK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

DATE

904-389-6320

DAYTIME PHONE #

CR2E034 (10/00)