

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90047 022 ***550.00

DOCUMENT # P00000013257
1. Entity Name
CONTRACTOR'S STAFF SERVICES SPECIALISTS, INC.Principal Place of Business
**1104 OSCEOLA ST
JACKSONVILLE FL 32204**
Mailing Address
**1104 OSCEOLA ST
JACKSONVILLE FL 32204
4005 Castle Valley Drive
Corpus Christi, TX 78410**2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
4005 Castle Valley Drive
Suite, Apt. #, etc.
City & State
Corpus Christi, TX
Zip
78410
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3625487**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****SHANK, WILLIAM
1104 OSCEOLA ST
JACKSONVILLE FL 32204****7. Name and Address of New Registered Agent**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANK, WILLIAM		NAME		
STREET ADDRESS	1104 OSCEOLA ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNAIER, MARK		NAME		
STREET ADDRESS	1104 OSCEOLA ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, KEITH		NAME		
STREET ADDRESS	1104 OSCEOLA ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Keith Davis** **8-12-02 361-241-2556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)