

2002 UNIFORM BUSINESS REPORT (UBR):

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90067 007 ***150.00

0323306
 AV

DOCUMENT # P00000019849

1. Entity Name

PC STAFFING, INC.

Principal Place of Business

**25400 US 19 NORTH
 SUITE 259
 CLEARWATER FL 33763**

Mailing Address

~~1525 G ANDREWS AVE SUITE 216
 FT LAUDERDALE FL 33316~~

B0056246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

25400 US 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 259

City & State

City & State

Clearwater, FL.

Zip

Country

Zip

Country

33763

Pinellas

4. FEI Number

59-3629629

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

**EVERDING, ROBERT
 9104 SACRAMENTO DRIVE
 NEW PORT RICHEY FL 34685**

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

3-21-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **P** ☐ Delete
 NAME **WENINGER-ALEXANDER, TINA M**
 STREET ADDRESS **1202 SEAGATE DR, STE 204**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE **ST** ☐ Delete
 NAME **EVERDING, ROBERT**
 STREET ADDRESS **9104 SACRAMENTO DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34685**

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

TITLE **VP** ☐ Delete
 NAME **ALEXANDER, STEPHEN**
 STREET ADDRESS **1202 SEAGATE DR, STE 204**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02 727-840-7713

Date

Daytime Phone #

CR2E034 (9/01)