

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90033 021 ***150.00

DOCUMENT # P00000025094

1. Entity Name
UNIVERSAL STAFFING GROUP, INC.

Principal Place of Business
9887 4TH STREET NORTH #310
ST. PETERSBURG FL 33702

Mailing Address
9887 4TH STREET NORTH #310
ST. PETERSBURG FL 33702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
320 West Kennedy

Suite, Apt. #, etc.
220

City & State
TAMPA, FL

Zip
33606

Country
USA

3. Mailing Address
320 West Kennedy

Suite, Apt. #, etc.
220

City & State
TAMPA, FL

Zip
33606

Country
USA

4. FEI Number
59-3631391

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOCKWOOD, STEPHEN
9887 4TH STREET NORTH #310
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name
LOCKWOOD, STEPHEN

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

220

City
TAMPA

FL

Zip Code
33606

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)

2/11/02
 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, 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

TITLE **P** ☐ Delete
 NAME **LOCKWOOD, STEPHEN**
 STREET ADDRESS **545 PINELLAS BAYWAY #202**
 CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE **V** ☐ Delete
 NAME **JONES, TIM**
 STREET ADDRESS **10428 NIGHTENGALE DRIVE**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **ST** ☐ Delete
 NAME **WELKER, BOB**
 STREET ADDRESS **930 WILLIAM GIBBS ROAD**
 CITY-ST-ZIP **TIFTON GA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Lockwood, Stephen**
 STREET ADDRESS **1846 Lexington Place**
 CITY-ST-ZIP **Tampa Springs, FL 34689**

TITLE **V** ☒ Change ☐ Addition
 NAME **JONES, TIM**
 STREET ADDRESS **3507 AUTUMN GLEN DR**
 CITY-ST-ZIP **VALRICO FL 33594**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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

2/11/02
 Date

813-258-4585
 Daytime Phone #

CR2E034 (9/01)