

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91297 019 ***150.00

DOCUMENT # P00000036138

1. Entity Name
TAYLOR WHITE SPECIALIZED STAFFING, INC.

Principal Place of Business Mailing Address
100 16TH AVENUE N.E. 100 16TH AVENUE N.E.
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6150 STATE ROAD 70 E**
 Suite, Apt. #, etc.

3. Mailing Address **6150 STATE ROAD 70 E**
 Suite, Apt. #, etc.

City & State **BRADENTON, FL.** City & State **BRADENTON, FL.**

4. FEI Number **59-3638905** Applied For
 Not Applicable

Zip **34203** Country **USA** Zip **34203** Country **USA**

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

6. Name and Address of Current Registered Agent
ROBBINS, R. JAMES JR
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **ANTHONY LINGUANTI JR.**
 Street Address (P.O. Box Number is Not Acceptable) **6150 STATE ROAD 70 E**
 City **BRADENTON** FL Zip Code **34203**

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 **President** DATE **4/30/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME ANTHONY LINGUANTI JR	
STREET ADDRESS 6150 STATE ROAD 70 E.	
CITY-ST-ZIP BRADENTON, FL. 34203	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: **ANTHONY LINGUANTI JR** **(PRESIDENT)** DATE **4/30/01** DAYTIME PHONE # **727-895-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)