

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042013

1. Entity Name
THE STAFFING AGENCY, INC.

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90027 019 ***150.00

Principal Place of Business

6931-2 LILLIAN ROAD
JACKSONVILLE FL 32211

Mailing Address

6931-2 LILLIAN ROAD
JACKSONVILLE FL 32211

2. Principal Place of Business

4540 SOUTHSIDE BLVD

Suite, Apt. #, etc.

SUITE 402

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

3. Mailing Address

4540 SOUTHSIDE BLVD

Suite, Apt. #, etc.

SUITE 402

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

6. Name and Address of Current Registered Agent

HILL, VERONICA A
6931-2 LILLIAN ROAD
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name VERONICA O'BRIEN (HILL) IS Maiden NAME
Street Address (P.O. Box Number is Not Acceptable)
4540 SOUTHSIDE BLVD
STE 402
City JACKSONVILLE FL Zip Code 32216

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 VERONICA O'BRIEN
Signature, typed or printed name of registered agent and title if applicable.

Veronica O'Brien
(NOT Registered Agent's signature required when reinstating)

4/28/01
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

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	
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 checked="" type="checkbox"/> Addition
NAME	<u>V.P</u>
STREET ADDRESS	<u>AMY REICHERT</u>
CITY - ST - ZIP	<u>4540 SOUTHSIDE BLVD STE 402</u> <u>JACKSONVILLE FL 32216</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>BOARD MEMBER</u>
STREET ADDRESS	<u>ISAAC LEVY</u>
CITY - ST - ZIP	<u>24 N MARKET ST. STE 405</u> <u>JACKSONVILLE FL 32202-2803</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>BOARD MEMBER</u>
STREET ADDRESS	<u>ROYAL O'BRIEN</u>
CITY - ST - ZIP	<u>4540 SOUTHSIDE BLVD STE 402</u> <u>JACKSONVILLE FL 32216</u>
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 I have signed 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; 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: Veronica O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 904-998-2053
Date Daytime Phone #

CR2E034 (10/00)