

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046346

1. Entity Name
ALLCLINICALJOBS.COM, INC.
DBA ALL CLINICAL STAFFING, INC

Principal Place of Business
1466 OAKFIELD DR., STE. 127
BRANDON FL 33511

Mailing Address
1463 OAKFIELD DR., STE. 127
BRANDON FL 33511

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
1466 OAKFIELD Drive
Suite, Apt. #, etc.
City & State
Zip Country

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90110 049 ***550.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VERA, ANDRE A
1463 OAKFIELD DR., STE. 127
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name VERA, ANDRE A
Street Address (P.O. Box Number is Not Acceptable)
1466 Oakfield Dr
City Brandon FL Zip Code 33511

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 *Andre A. Vera* (NOTE: Registered Agent signature required when reinstating) 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 \$550.00
After September 12, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	VERA, ANDRE A	
STREET ADDRESS	1463 OAKFIELD DR., STE. 127	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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 a power of attorney.

SIGNATURE: *Andre A. Vera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-01 813.95 STAFF
Date Daytime Phone #

6604800 AV

CR2E034 (5/01)