

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000047131**1. Entity Name
AFFORDABLE STAFFING, INC.

| | |
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| Principal Place of Business 4209 FLAMINGO BLVD PORT CHARLOTTE FL 33948 | Mailing Address 4209 FLAMINGO BLVD PORT CHARLOTTE FL 33948 |
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2. Principal Place of Business
18505 PAULSON DR.

3. Mailing Address

Suite, Apt. #, etc.
UNIT F

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE FL

City & State

| | | | |
|--------------|---------|-----|---------|
| Zip 33954 | Country | Zip | Country |
|--------------|---------|-----|---------|

4. FEI Number
65-1009490Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SAMMONS JOHN A**
4209 FLAMINGO BLVD

PORT CHARLOTTE FL 33948**7. Name and Address of New Registered Agent**

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 _____ **03/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 | DPST | <input type="checkbox"/> Delete |
| NAME | SAMMONS JOHN A | |
| STREET ADDRESS | 4209 FLAMINGO BLVD | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33948 | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: John A. SammonsPres **03/13/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)