FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 12, 2002 8:00 am DOCUMENT # P00000048237 **Secretary of State** 1. Entity Name 03-12-2002 90264 047 \*\*\*158.75 TEMP STAFFING OF AMERICA INC. Principal Place of Business Mailing Address 383 WILLOW GREEN DRIVE 6001-30 ARGYLE FOREST BLVD **ORANGE PARK FL 32073 UNIT 321** JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address 4720 SALISBURY ROAD 4720 SALISBURY ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>((5 52)</u> 115 City & State City & State 4. FFI Number Applied For JACUSONVILL JA CK SONILE 59-3656102 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 2256 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent stephen carroll CARROLL, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1429 FLAGLER AVENUE 383 WILLOW GREEN DRIVE **ORANGE PARK FL 32073** Zip Code 8. The above named entity submits misstatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, speci or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) PAUSIDENT TITLE ☐ Delete TITLE STEPHEN CL NAME NAME CARROLL, STEPHEN 1429 FLAGLER AVENUE CR2E034 STREET ADDRESS STREET ADDRESS 383 WILLOW GREEN DRIVE CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 1 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. The lother like empowered.