

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052172

1. Entity Name

NEW FRONTIER TEMPORARIES AND STAFFING, INC.

Principal Place of Business

Mailing Address

765 58TH AVENUE SOUTH  
ST. PETERSBURG FL 33733

765 58TH AVENUE SOUTH  
ST. PETERSBURG FL 33733

2. Principal Place of Business

201 E. Kennedy Blvd.

Suite, Apt. #, etc.

950

3. Mailing Address

201 E. Kennedy Blvd.

Suite, Apt. #, etc.

950

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

Zip

33602

Country

4. FEI Number

99-3602030

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, KERRY H  
307 S. FIELDING AVENUE  
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HOPKINS, VINCENT K 765 58TH AVENUE SOUTH ST. PETERSBURG FL 33733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPKINS, IVAN K 765 58TH AVENUE SOUTH ST. PETERSBURG FL 33733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, WINONA K 765 58TH AVENUE SOUTH ST. PETERSBURG FL 33733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Frank W. Peterson Jr 201 E. Kennedy Blvd ste 950 Tampa, FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Ivan K. Hopkins 765 58th ave so St. Pete, FL 33705	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rosa M. Hopkins 3657 30th ave so St. Pete, FL 33711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rachel Lewis 765 58th ave so St. Pete FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Rachel Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/01

727-866-6541

Date Daytime Phone #

0358715

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

**NEW FRONTIER TEMPORARIES & STAFFING**

attachment  
D#P00000052172  
774287

201 E. Kennedy Blvd.  
Suite 950  
Tampa, FL 33602

Phone 1(866) 866-6541  
Fax (813) 221-7491  
Email Newfrontier2@msn.com

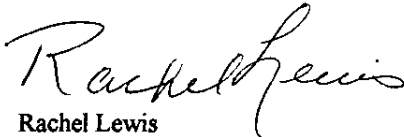
August 04, 2001

Florida Dept of State  
Attn: Katherine Harris  
Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam Secretary,

We received this notice way after May 1st. As a matter of fact, we recieved it in mid July.  
Please accept our payment of \$150.00 per your request. Check #2400 in the amount of \$150.00 dated August 4th 2001.

Sincerely,

  
Rachel Lewis

cc: Atty. Kerry Brown