

DOCUMENT # P00000063196

1. Entity Name
ECOMMERCE STAFFING GROUP, INC.

Principal Place of Business
5445 MARINER STREET SUITE 100
TAMPA FL 33609

Mailing Address
5445 MARINER STREET SUITE 100
TAMPA FL 33609

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90046 015 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5445 Mariner St, Suite 100
Tampa, FL
Country USA

3. Mailing Address
5445 Mariner St, Suite 100
Tampa, FL
Country USA

4. FEI Number
59-3656943

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TERRANOVA, LEONARD A
15316 SPRUSON STREET
ODESSA FL 33556

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 Leonard A Terranova 1/8/01
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	<input type="checkbox"/> Delete
	President			
	Leonard Terranova	15316 Spruson St.	Odessa, FL 33556	
	Vice President			
	Stephanie Perkins	850 Mandalay #0801	Clw Bch, FL 33767	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Leonard A Terranova 1/8/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)