

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080162

1. Entity Name
ARBOR TEMPORARY SERVICES OF CLEARWATER, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90055 007 ***150.00

Principal Place of Business
33 OLD KINGS ROAD NORTH
SUITE 1
PALM COAST FL 32137

Mailing Address
33 OLD KINGS ROAD NORTH
SUITE 1
PALM COAST FL 32137

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3672787

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVY, BENJAMIN
2825 NORTH OCEANSHORE BOULEVARD
BEVERLY BEACH FL 32136

Name
FRANK CANTANNO

Street Address (P.O. Box Number is Not Acceptable)
33 Old Kings Rd N. Suite 1

City
PALM COAST

FL

Zip Code
32137

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

Frank Cantanno President

3/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cantanno, Frank M. 26 West Cedar Lane Palm Coast, FL 32137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cantanno, Sharon 26 West Cedar Lane Palm Coast, FL 32137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Frank Cantanno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01 904-445-7701

Date

Daytime Phone #

CR2E034 (10/00)