

2001 UNIFORM BUSINESS REPORT (UBR)

3/27

DOCUMENT # P00000088289

1. Entity Name

ADMINISTRATIVE STAFFING, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-27-2001 90053 023 ***150.00

Principal Place of Business

Mailing Address

~~ONE INDEPENDENT DRIVE~~

~~ONE INDEPENDENT DRIVE~~

~~SUITE 0000~~

~~SUITE 0000~~

~~JACKSONVILLE FL 32202~~

~~JACKSONVILLE FL 32202~~

2. Principal Place of Business

9428 Baymeadows Road

3. Mailing Address

9428 Baymeadows Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

Suite 120

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32256

US

32256

US

4. FEI Number

59-3696176

Applied For

Not Applicable

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

~~MAIN CORPORATE SERVICES, INC.~~

Name
RAX CO., a Florida corporation

~~ONE INDEPENDENT DRIVE~~

Street Address (P.O. Box Number is Not Acceptable)

~~SUITE 0000~~

c/o Sharon R. Henderson

~~JACKSONVILLE FL 32202~~

50 North Laura Street, Suite 3300

City
Jacksonville

FL

Zip Code

32202

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

Sharon R. Henderson

Sharon R. Henderson, VP 02/12/01

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

☐ Delete

TITLE
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☐ Change ☐ Addition

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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: *M.L. Sherrill* M.L. SHERRILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Date

904-3896850

Daytime Phone #

CR2E034 (10/00)