## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P00000088289 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Zip

**STE 120** 

SIGNATURE

ADMINISTRATIVE STAFFING, INC.



Principal Place of Business 9428 BAYMEADOWS ROAD **SUITE 120** JACKSONVILLE FL 32256

**BURGESS, MARGE** 

9428 BAYMEADOWS RD

JACKSONVILLE FL 32256

Mailing Address

9428 BAYMEADOWS ROAD

SUITE 120

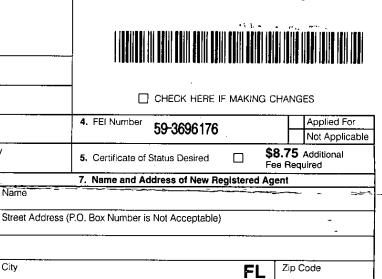
Zip

JACKSONVILLE FL 32256

2. Principal Place of Business	3. Mailing Address	\ <del>\</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90147 002 \*\*\*150.00



DATE

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. I am familiar with, and accept the obligations of registered agent.

City

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed of priftled name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BURGESS, MARGE NAME NAME 9428 BAYMEADOWS RD STE 120 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition ☐ Change NAME JAT<del>sak: Joan</del> – NAME STREET ADDRESS 9408 BAYMEADOWS RD STE 120-STREET ADDRESS CITY-ST-ZIP JACKSONVILLE-FL-32250 CITY-ST-ZIP TITLE VΡ Delete ΠΠĒ Change Addition **BURGESS, SHERMON** NAME STREET ADDRESS 9428 NAYMEADOWS RD STE 120 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-7IP 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

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like

SIGNATURE

MARGARET BURGESS 4-11-03