


Amended

09-15-2003 90155 008 ****61.25
FILED P00000088289

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 SEP 17 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088289 1. Entity Name ADMINISTRATIVE STAFFING, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9428 Baymeadows Road Suite, Apt. #, etc. Suite 120 City & State Jacksonville, FL Zip 32256 Country US	3. Mailing Address 9428 Baymeadows Road Suite, Apt. #, etc. Suite 120 City & State Jacksonville, FL Zip 32256 Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3696176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Marge Burgess
Street Address (P.O. Box Number is Not Acceptable)	9428 Baymeadows Road, Suite 120
City	Jacksonville FL Zip Code 32256

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Meeks, Jack 9428 Baymeadows Rd., Suite 120 Jacksonville, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary McGowan, Donna 9428 Baymeadows Rd., Suite 120 Jacksonville, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  9/03/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City and Phone #

CR2E034B (12/02)