

**2001 UNIFORM BUSINESS REPORT (UBI)**

DOCUMENT # P00000100540

1. Entity Name

COOPERATIVE CARE STAFFING, INC.

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90004 017 \*\*\*550.00

0037636

Principal Place of Business 5533-B HWY. 90 PACE FL 32571	Mailing Address 5533-B HWY. 90 PACE FL 32571
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Same as Above</i>	3. Mailing Address <i>Same as Above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3678990</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWERY, DEANNE**  
**5533-B HWY. 90**  
**PACE FL 32571**

7. Name and Address of New Registered Agent

Name: **Mary M. Callaway**  
 Street Address (P.O. Box Number is Not Acceptable): **1600 N. Palafox St.**  
**Pensacola, FL 32501**  
 City: **FL** Zip Code: **32501**

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: *Mary M. Callaway* DATE: **7/30/01**  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARG, ANJU</b>	
STREET ADDRESS	<b>4534 AMBLEWOOD COURT</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WETHERBEE, ANGELLA</b>	
STREET ADDRESS	<b>3703 ESTIL DR.</b>	
CITY-ST-ZIP	<b>PACE-FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWERY, DEANNE</b>	
STREET ADDRESS	<b>1320 MARANATHA WAY</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARAJ, WADE</b>	
STREET ADDRESS	<b>2941 FERRIS DRIVE</b>	
CITY-ST-ZIP	<b>NAVARRE FL 32566</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: *Anju Garg* Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR