

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000114448**

1. Entity Name

ONESTAFF II, INC.**FILED****Mar 13, 2001 8:00 am**
Secretary of State

03-13-2001 90109 041 ***150.00

Principal Place of Business

**25 SECOND ST. NORTH, SUITE 200
ST. PETERSBURG FL 33701**

Mailing Address

**25 SECOND ST. NORTH, SUITE 200
ST. PETERSBURG FL 33701**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3695886

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****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

William H. Mills III

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

25 2nd Street N., Suite 200

City

St. Petersburg

FL

Zip Code

33701

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

Signature, typed or printed name of registered agent and title if applicable.

William H. Mills III, CEO, Pres 3/8/01

(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, P MILLS, WILLIAM H III 886 RAFAEL BLVD., NE ST. PETERSBURG FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN SON, PETER 25 SECOND ST. NORTH, SUITE 200 ST. PETERSBURG FL 33701	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN P. BURNS PO Box 730 St. Petersburg FL 33731	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVIN HIRSCH MD 700 Monterey Blvd NE St. Petersburg FL 33704	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dean Tyler 310 Coffee Pot Riviera Blvd NE St. Petersburg FL 33704	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerald Hogan 501 Brightwaters Blvd St. Petersburg FL 33704	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Mills III**3/8/01**

Date

Daytime Phone #

727 572 7331

CR2E034 (10/00)