

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0358724 AV

04-08-2002 90241 047 ***150.00

DOCUMENT # P00000116612

1. Entity Name

MAIN STREET STAFF LEASING COMPANY

Principal Place of Business

**3801 PGA BLVD SUITE 555
 PALM BEACH GARDENS FL 33410**

Mailing Address

**3801 PGA BLVD SUITE 555
 PALM BEACH GARDENS FL 33410**

3. Mailing Address



DO NOT WRITE IN THIS SPACE

**3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410**

**3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410**

FEI Number 65-1063986	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REGSERV CORP.
 3801 PGA BLVD SUITE 555
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

**REGSERV CORP.
 3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410**

FL Zip Code

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.

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D DISALVO, PATRICK J 3801 PGA BLVD SUITE 555 600 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Patrick J. DiSalvo **2/20/02**
 Director

561-630-5055

CR2E034 (9/01)