


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90310 018 ***150.00

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

DOCUMENT # P01000035995
 1. Entity Name
 TAYLOR WHITE SPECIALIZED STAFFING SERVICES, INC.



20037283

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 450 Carillon Parkway		3. Mailing Address 450 Carillon Parkway	
Suite, Apt. #, etc. Suite 110		Suite, Apt. #, etc. Suite 110	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33716	Country U.S.	Zip 33716	Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3711650	Applied For 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 Robbins, R. James Jr.
Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd., Suite 3700
City Tampa FL Zip Code 33602

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/T/D	Linguanti, Anthony N. Jr.	450 Carillon Pkwy, Ste 110,	St. Petersburg, FL 33716				
CEO/S/D	Bassil, James N.	450 Carillon Pkwy, Ste 110,	St. Petersburg, FL 33716				
				DO NOT WRITE IN THIS SPACE			

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  ANTHONY LINGUANTI JR. 4/28/03 727-895-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #

CR2E034B (12/02)