

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90052 043 ***150.00

DOCUMENT # P01000064966

1. Entity Name
INTERNATIONAL MANAGEMENT STAFFING SOLUTIONS, INC

Principal Place of Business
2911 STATE ROAD #509
SUITE 26
CLEARWATER FL 33759

Mailing Address
PO BOX 3324
CLEARWATER FL 33767-8324

4 2 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2911 STATE ROAD # 590

3. Mailing Address
2911 STATE ROAD # 590

Suite, Apt. #, etc.
SUITE 26

Suite, Apt. #, etc.
SUITE 26

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number **59-3728749**

Applied For
 Not Applicable

Zip
33759

Country
FLORIDA

Zip
33759

Country
FLORIDA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SOBY, WENDY B
2911 STATE ROAD #590
SUITE 26
CLEARWATER FL 33759

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 **Wendy B. Soby** *Wendy B Soby* DATE **4/25/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete SOBY, WENDY B 650 ISLAND WAY #101 CLEARWATER FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FURIGAY-DUDGEON, VMIAN 3031 PINE FOREST DRIVE PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BURNS, KEVIN 60 WALNUT STREET WELLESLEY MA 02181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FURIGAY, HENRY 24 HARRISON STREET QUEZON CITY, PHILIPPINES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Wendy B. Soby** *Wendy B Soby* DATE **4/25/02** 727-791-9700
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)