2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State
08-29-2003 90088 041 ***550.00

015765555 FP

DOCUMENT # P01000089413

1. Entity Name
ALPHASTAFF SYSTEMS V, INC.

Principal Place of Business	Mailing Address
4900 MANAGEE AVE WEST STE 101 BRADENTON FL 34209	4900 MANAGEE AVE WEST STE 101 BRADENTON FL 34209

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
ALPHA STAFF, INC.	ALPHA STAFF INC.
Suite, Apt. #, etc. 115	Suite, Apt. #, etc. 115
City & State BOCA RATON FLA	City & State BOCA RATON FLA
Zip 33487 Country USA	Zip 33487 Country USA

4. FEI Number 65-1141336 ☐ 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
COURTNEY, CALVERT 4900 MANAGEE AVE WEST STE 101 BRADENTON FL 34209	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. 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)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COURTNEY, CALVERT 4900 MANAGEE AVE WEST STE 101 BRADENTON FL 34209 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ROBERT A. BECKETT 1801 CLINT MOORE ROAD, STE 15 BOCA RATON, FLA 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JAY STARKMAN 1801 CLINT MOORE ROAD STE 15 BOCA RATON, FLA 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO THOMAS K. LEVEY 1801 CLINT MOORE ROAD STE 15 BOCA RATON, FLA 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S THOMAS K LEVEY REQUIRED 8/25/03 (561)447-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #