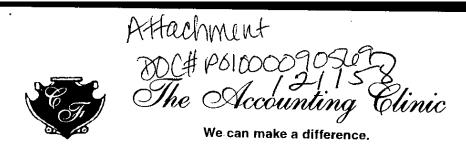
## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 16, 2002 8:00 am Secretary of State **DOCUMENT #** P01000090569 1. Entity Name 07-16-2002 90363 017 \*\*\*300.00 J. & M. STAFFING, INC. Principal Place of Business Mailing Address 541 SOUTH STATE ROAD 7 541 SOUTH STATE ROAD 7 SUITE 1 SUITE 1 MARGATE FL 33068 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 30 56B Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name GOLDWIRE, JANICE C Street Address (P.O. Box Number is Not Acceptable) 2454 WHALE HARBOR LANE FORT LAUDERDALE FL 33312 City 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 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 41. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE ☐ Change ☐ Addition NAME GOLDWIRE, JANICE C NAME STREET ADDRESS 2454 WHALE HARBOR LANE STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33312 CITY-ST-ZIP **VD** ☐ Delete TITLE Change ☐ Addition NAME ROBBINS, MARK NAME STREET ADDRESS 7318 N.W. 57TH COURT STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME ROBBINS, DENISE L NAME STREET ADDRESS 5530 LYONS RD APT. 102 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME GOLDWIRE, TIFFANY L NAME STREET ADDRESS 2454 WHALE HARBOR LANE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

PRESIDENT 954 91148001

FILED



July 5, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida. 32302-1500

Gentlemen;

My client was incorporated on September 14, 2001 The mailing address to receive the 2002 Uniform Business Report is my address of 541 South State Road 7 Suite 1

Margate, Florida. 33068

On occasion the mail of a client is misdirected to another office, because the mail person does not deliver to Suite # 1. This matter has been corrected with the post office.

Enclosed is a check for \$ 300.00 It is respectfully requested that this be accepted in full payment as the Uniform Business Report was never received in my office for 2002

Your understanding and cooperation is appreciated.

Sincerely,

Carl Fedele, Former I.R.S. Field Agent

CF;rk