2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000092869 **DOCUMENT #**

1. Entity Name

HANDS ON STAFFING OF NORTH FLORIDA, INC.



FILED Mar 13, 2003 8:00 am & Secretary of State

03-13-2003 90066 044 ***150.00

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Principal Place of Business 8784 ASHWORTH DRIVE TAMPA FL 33647			8784	Mailing Address 8784 ASHWORTH DRIVE TAMPA FL 33647				I iodijeta ika dalah katu adika odika dal				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt.	#, etc.	····	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te		City	City & State			4	4. FEI Number 80-0008388 Applied For Not Applicable				
Zip Country			Zip	Zip Countr			5	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Co	urrent Register	Registered Agent			7. Name and Address of New Registered Agent					
GIORDANO, JOHN N ESQ.						Name .						
	H FRANKLI						Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602						 						
						City			FL	Zip Cod	le .	
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												
· <u>·</u>	Signature, typed	or printed name of registere	d agent and title if app	olicable. (NOTE	: Registered	d Agent signature requ	uired wher	n reinstating)	DATE			
After	May 1, 200	FEE IS \$150.0 Fee will be \$55	0.00	,				Election Campaign Financ Trust Fund Contribution.	ing \Box		May Be	
Make Check Payable to Florida Department of State									_	7.0000	10.000	
10.		OFFICERS	AND DIRECTO	RS	11.		· /	ADDITIONS/CHANGES TO OFFICE	RS AND D	RECTOR:	S IN 11	
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12. I hereby c	ertify that the	information supplie	d with this filing	does not qualify for t	he exen	nption stated in	Section	n 119.07(3)(i), Florida Statutes. I furti	ner certify	that the in	formation	

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.