

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90023 035 ***550.00

DOCUMENT # P01000098723

1. Entity Name
REICHARD STAFFING, INC.

Principal Place of Business
6624 LONDON BRIDGE LANE
JACKSONVILLE FL 32210

Mailing Address
6624 LONDON BRIDGE LANE
JACKSONVILLE FL 32210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6622 Southpoint S.

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville, FL

Zip
32216

Country
U.S.A.

3. Mailing Address

6622 Southpoint Dr S

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville, FL

Zip
32216

Country
U.S.A.

4. FEI Number

59-3747842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TRITT, ARNOLD D JR.
865 MAY STREET
JACKSONVILLE FL 32204

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

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
 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
D
 NAME
REICHARD, SEAN
 STREET ADDRESS
6624 LONDON BRIDGE LANE
 CITY-ST-ZIP
JACKSONVILLE FL 32210

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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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:

Seam Reichard

8/12/02

904-296-0412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)