2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

STE 190

6622 SOUTH PINES

P01000098723 **DOCUMENT #**

1. Entity Name

REICHARD STAFFING, INC.

Principal Place of Business

6622 SOUTH PINES

STE 190



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90010 018 ***150.00

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STREET JACKSONVILLE FL 32204 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 except the obligations of registered agent and the #applicable. (*OTE Reviewed Apert signature alequator are manager principle.) SIGNATURE **TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. THE 1. D RECHARD, SEAN MAKE 6024 LONDON BRIDGE LANE ACKSONVILLE FL 32210 DIRECTARDRESS CITY-ST-2P TILE MAKE SIRET AUDRESS CITY-ST-2P TILE MAKE MAKE SIRET AUDRESS CITY-ST-2P TILE MAKE MAKE		6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
STREET JACKSONVILLE FL 32204 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am termitiar with, and accept the floridation of the fl				Name	Name		
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City FL Zip Code	JACKSONVILLE FL 32204						
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				City	City Zip Code		
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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: