

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90026 003 ***150.00

0424075 AV

DOCUMENT # P01000103038

1. Entity Name

FINDERS KEEPERS STAFFING, INC.

Principal Place of Business

**11201 BAY CLUB COURT
TAMPA FL 33607**

Mailing Address

**11201 BAY CLUB COURT
TAMPA FL 33607**

2. Principal Place of Business

19824 Gulf Blvd #4

3. Mailing Address

19824 Gulf Blvd #4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Shores, FL

City & State

Indian Shores, FL

Zip

33785

Country

Zip

33785

Country

4. FEI Number

30-0049385

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BORISOFF, SPENCER A
11201 BAY CLUB COURT
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19824 Gulf Blvd #4

City

Indian Shores

FL

Zip Code

33785

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 **P** ☐ Delete
NAME **BORISOFF, SPENCER A**
STREET ADDRESS **11201 BAY CLUB COURT**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☒ Change ☐ Addition
NAME **Borisoff, Spencer A**
STREET ADDRESS **19824 Gulf Blvd #4**
CITY-ST-ZIP **Indian Shores, FL 33785**

TITLE **VP** ☐ Change ☒ Addition
NAME **Kane, Evan F.**
STREET ADDRESS **19824 Gulf Blvd #4**
CITY-ST-ZIP **Indian Shores, FL 33785**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Spencer A. Borisoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 (813) 416-5880
Date Daytime Phone #

CR2E034 (9/01)