

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90551 020 \*\*\*150.00

**DOCUMENT # P01000103038**

**1. Entity Name**  
**FINDERS KEEPERS STAFFING, INC.**



**Principal Place of Business**  
**19824 GULF BLVD 4**  
**INDIAN ROCKS BEACH FL 33785**

**Mailing Address**  
**19824 GULF BLVD 4**  
**INDIAN ROCKS BEACH FL 33785**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **30-0049385**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BORISOFF, SPENCER A**  
**19824 GULF BLVD 4**  
**INDIAN ROCKS BEACH FL 33785**

**7. Name and Address of New Registered Agent**

Name **HELICIA BORISOFF**  
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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE *Helicia Borisoff* **HELICIA BORISOFF** **4-16-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BORISOFF, SPENCER A</b> <b>19824 GULF BLVD 4</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KANE, EVAN F</b> <b>19824 GULF BLVD 4</b> <b>INDIAN ROCKS BEACH FL 33785</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BORISOFF, SPENCER A</b> <b>19824 GULF BLVD 4</b> <b>INDIAN SHORES, FL 33785</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BORISOFF, HELICIA</b> <b>19824 GULF BLVD 4</b> <b>INDIAN ROCKS BEACH, FL 33785</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Spencer A. Borisoff* **SPENCER A. BORISOFF**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/03**  
Date

**813 416-5880**  
Daytime Phone #

CP2E034 (10/02)