FILED
Sep 02, 2003 8:00 am
Secretary of State

08-12-2003 90018 017 ***158.75
09-02-2003 90181 013 ***391.25

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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004952

1. Entity Name: Central Florida Staffing, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
708 S.E 3rd Street	708 S.E 3rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FLORIDA	City & State: OCALA FLORIDA
Zip: 34471 Country: MARION	Zip: 34471 Country: MARION

DO NOT WRITE IN THIS SPACE

4. FEI Number: 82-0542675 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Elizabeth A. Foress

Street Address (P.O. Box Number is Not Acceptable): 708 S.E 3rd Street.

City: OCALA FL Zip Code: 34471

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: Elizabeth A Foress — 8-11-03

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	Owner	TITLE	
NAME	Elizabeth A. Foress	NAME	
STREET ADDRESS	708 S E 3rd Street	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A Foress — 8-11-03 — 352-671-3311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #