

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90959 006 ***150.00

DOCUMENT # P02000012074

1. Entity Name

THE STAFFING SOURCE ADMINISTRATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 9th Avenue North

Suite, Apt. #, etc.

Suite East

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

4. FEI Number

04-3618279

Applied For

Not Applicable

Zip

33705

Country

USA

Zip

Country

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 James M. Chadwick

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

11300 4th Street N., Suite 200

City St. Petersburg

FL

Zip Code 33716

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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	PD
NAME	Ann Fleeting
STREET ADDRESS	1101 9th Avenue North, Ste East
CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	S/TO
NAME	Laurel Chadwick
STREET ADDRESS	1101 9th Avenue North, Ste East
CITY-ST-ZIP	St. Petersburg, FL 33705
TITLE	D
NAME	James M. Chadwick
STREET ADDRESS	11300 4th St. N., Suite 200
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Fleeting, Pres. 2/20/03 (727) 824-8877

Date

Daytime Phone #

CR2E034B (12/02)