

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 020 ***150.00

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DOCUMENT # P02000023337

1. Entity Name
CINERGY STAFFING, INC.



Principal Place of Business
2400 W. CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

Mailing Address
2400 W. CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

2. Principal Place of Business

1900 W. Commercial Blvd

3. Mailing Address

P.O. Box 16056

Suite, Apt. #, etc.

133

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State
PLANTATION, FL

4. FEI Number

74-3030688

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33318

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, MARGARITA
2400 W. CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

LARRY ELLINGTON

Street Address (P.O. Box Number is not acceptable)

1900 W. Commercial Blvd.

City

FORT LAUDERDALE

FL

Zip Code

33309

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 LARRY ELLINGTON

Larry A Ellington

6/6/03

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
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT
GREGORY GRZYBNA
680 NW 73RD TERRACE
PLANTATION, FL 33317

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03

Date

(25) 351-1414

Daytime Phone #

CR2E034 (10/02)