

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90445 008 ***150.00

DOCUMENT # P02000078304

1. Entity Name
PROFESSIONAL STAFFING SERVICES, INC.



Principal Place of Business
**14787 HARTFORD RUN DRIVE
ORLANDO FL 32828**

Mailing Address
**14787 HARTFORD RUN DRIVE
ORLANDO FL 32828**

2. Principal Place of Business
1890 Semoran Blvd

3. Mailing Address
1890 Semoran Blvd

Suite, Apt. #, etc.
Suite 361

Suite, Apt. #, etc.
Suite 361

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32795

Country
USA

Zip
32792

Country
USA

4. FEI Number
11-3645215

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, MICHAEL
1890 SEMORAN BLVD.
SUITE 361
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **Michael Schwartz**
Street Address (P.O. Box Number is Not Acceptable)
1890 Semoran Blvd
Suite 361
City **Winter Park** **FL** Zip Code **32792**

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.

President

(NOTE: Registered Agent signature required when reinstating)

2-27-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, MICHAEL S 14787 HARTFORD RUN DRIVE ORLANDO FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLF, ARI C 605 BUCKINGHAM DRIVE OVIEDO FL 32765	<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"/> Change <input type="checkbox"/> Addition
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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:

Michael Schwartz **2/27/03 (407)539-0313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)