

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90065 045 ***158.75

DOCUMENT # P02000104562

1. Entity Name
MEDICAL STAFFING SOURCE OF AMERICA INC.



Principal Place of Business
**1621 GULF BLVD #108
CLEARWATER FL 33767**

Mailing Address
**1621 GULF BLVD #108
CLEARWATER FL 33767**



2. Principal Place of Business
2851 Rampart Circle
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3490
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Clearwater FL
Zip
33761
Country
USA

City & State
Clearwater FL
Zip
33767
Country
USA

4. FEI Number
113659160

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KANE, DOUGLAS
1621 GULF BLVD #108
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Douglas S Kane* **DOUGLAS S. KANE**
Signature, typed or printed name of registered agent and title if applicable. **President**

DATE **2/03/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P
STREET ADDRESS	DOUGLAS S. KANE
CITY-ST-ZIP	2851 Rampart Circle
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Douglas S Kane* **DOUGLAS S. KANE** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-3-03 (727) 642-3777**
Date Daytime Phone #

CR2E034 (10/02)