

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90083 021 ***150.00

05/09/17 AT

DOCUMENT # P22170

1. Entity Name:

UNIFORCE SERVICES, INC.

Principal Place of Business

**415 CROSSWAYS PARK DR
WOODBURY NY 11797
US**

Mailing Address

**415 CROSSWAYS PARK DR
WOODBURY NY 11797
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-1996648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCTD** ☒ Delete
NAME **MACCARRONE, HARRY V.**
STREET ADDRESS **415 CROSSWAYS PARK DRIVE**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE **P/CEO/T/CFO/D** ☒ Change ☐ Addition
NAME **MACCARRONE, HARRY V.**
STREET ADDRESS **415 CROSSWAYS PARK DRIVE**
CITY-ST-ZIP **WOODBURY, NY 11797**

TITLE **VPF** ☒ Delete
NAME **ENDE, ROBERT F.**
STREET ADDRESS **415 CROSSWAYS PARK DRIVE**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE **V, Finance** ☒ Change ☐ Addition
NAME **ENDE, ROBERT F.**
STREET ADDRESS **415 CROSSWAYS PARK DRIVE**
CITY-ST-ZIP **WOODBURY, NY 11797**

TITLE **S** ☐ Delete
NAME **ANNICELLI, LINDA**
STREET ADDRESS **415 CROSSWAYS PARK DRIVE**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **FELTMAN, ARTHUR A**
STREET ADDRESS **415 CROSSWAYS PARK DRIVE**
CITY-ST-ZIP **WOODBURY NY 11797**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur A. Feltman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur A. Feltman, Asst. Sec. 3/2/02 516-437-3300

Date

Daytime Phone #

CR2E034 (9/01)