

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91164 041 ***150.00

DOCUMENT # P28830

1. Entity Name

DOBBS TEMPORARY SERVICES, INC.

dba Pro Staff

Principal Place of Business

Mailing Address

920 2ND AVE SO
 STE 920
 MINNEAPOLIS MN 55402
 US

920 2ND AVE SO
 STE 920
 MINNEAPOLIS MN 55402
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1655052**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOT: Registered Agent's 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DOBBS, JEFFREY P.	
STREET ADDRESS	920 2ND AVE SO STE 920	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	DOBBS, DOUGLAS J.	
STREET ADDRESS	222 W LAS CUNAS BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORRIS, MICHAEL E.	
STREET ADDRESS	5151 BEITUNE RD #330	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOREL, CLAY E.	
STREET ADDRESS	1360 POST OAK BLVD #1770	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LYNCH, ANN	
STREET ADDRESS	920 2ND AVE SO STE 920	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CAVEN, TODD	
STREET ADDRESS	920 2 AVE SO STE 920	
CITY-ST-ZIP	MINNEAPOLIS MN	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd S. Caven **Todd S. Caven**

4/30/01 **4/30/01**

(612) 373 5746 **(612) 373 5746**

Date Daytime Phone #

CR2E034 (10/00)