

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90400 026 \*\*\*150.00

0606013 AI

**DOCUMENT # P28830**

1. Entity Name

**DOBBS TEMPORARY SERVICES, INC.**

Principal Place of Business

**920 2ND AVE SO  
STE 920  
MINNEAPOLIS MN 55402  
US**

Mailing Address

**920 2ND AVE SO  
STE 920  
MINNEAPOLIS MN 55402  
US**

775526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**41-1655052**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

(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 ☐ Delete  
NAME **P**  
STREET ADDRESS **DOBBS, JEFFREY P.**  
CITY-ST-ZIP **920 2ND AVE SO STE 920  
MINNEAPOLIS MN**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **DOBBS, DOUGLAS J.**  
CITY-ST-ZIP **222 W LAS COLINAS BLVD.  
IRVING TX**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **222 W Las Colinas Blvd, #1346**  
CITY-ST-ZIP **Irving, TX**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **MORRIS, MICHAEL E.**  
CITY-ST-ZIP **5151 BEITUNE RD #330  
DALLAS TX**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **13355 Noel Rd #1370 LB 33**  
CITY-ST-ZIP **Dallas, TX**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MOREL, CLAY E.**  
CITY-ST-ZIP **1360 POST OAK BLVD #1770  
HOUSTON TX**

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

TITLE ☒ Delete  
NAME **AS**  
STREET ADDRESS **LYNCH, ANN**  
CITY-ST-ZIP **920 2ND AVE SO STE 920  
MINNEAPOLIS MN**

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

TITLE ☐ Delete  
NAME **AT**  
STREET ADDRESS **CAVEN, TODD**  
CITY-ST-ZIP **920 2 AVE SO STE 920  
MINNEAPOLIS MN**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Todd S. Caven**

**1/7/02**

**(612) 373 5746**

CR2E034 (9/01)