

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0676304 AT

DOCUMENT # P34274

1. Entity Name

UNIFORCE STAFFING SERVICES, INC.

04-11-2002 90040 010 ***150.00

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

11-2638211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCEO
 MACCARRONE, HARRY V
 415 CROSSWAYS PARK DR
 WOODBURY NY 11797** ☒ Delete

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 FELTMAN, ARTHUR A
 415 CROSSWAY PARK DR
 WOODBURY FL 11797** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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. Felts* *Arthur A. Felts* *3/26/02* *516-437-3300*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)