

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074856

1. Entity Name

TERM PERSONNEL OF SARASOTA, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 036 ***150.00

0413116

Principal Place of Business

1515 2ND STREET
SARASOTA FL 34236-6830
US

Mailing Address

2033 MAIN ST
STE 310
SARASOTA FL 34237
US

2. Principal Place of Business

525 Kumquat Ct
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0445958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LE BLANC, C. G
2212 SHADOW LAKES DR.
SARASOTA FL 34240

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.

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, 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

TITLE ST
NAME LE BLANC, WAYNE
STREET ADDRESS 6600 PEACOCK RD #204
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

TITLE VP
NAME LE BLANC, C.G.
STREET ADDRESS 2212 SHAWDOW LAKES DR.
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE P
NAME LE BLANC, MARIE ANNE
STREET ADDRESS 7445 FEATHERSTONE BLVD.
CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

941-954-5523

Daytime Phone #

CR2E034 (10/00)