

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003520

1. Entity Name
EXCEPTIONAL STAFFING, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90095 011 ***150.00

Principal Place of Business
**1801 LEE RD
SUITE 245
WINTER PARK FL 32789
US**

Mailing Address
**1801 LEE RD
SUITE 245
WINTER PARK FL 32789
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3215990**

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

**SHUMATE, J M
436 JENNIE JEWEL DRIVE
ORLANDO FL 32806**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SHUMATE, J. M**
CITY-ST-ZIP **436 JENNIE JEWEL DRIVE
ORLANDO FL 32806**

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **SHUMATE, DEBORAH B**
CITY-ST-ZIP **436 JENNIE JEWEL DRIVE
ORLANDO FL 32806**

☐ Change ☐ Addition
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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: Deborah B. Shumate Sec/Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-1-01 Daytime Phone # 407-647-8275

CR2E034 (10/00)