

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P94000016158

1. Entity Name

TEAMSTAFF VIII, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-15-2000 90037 042 ***150.00

Principal Place of Business

1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33607
US

Mailing Address

1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33607-4625

2. Principal Place of Business

3. Mailing Address

300 ATRIUM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOMERSET NJ

4. FEI Number 59-3236075

Applied For

Not Applicable

Zip

Country

08873

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOGGINS, KIRK A
1211 N. WESTSHORE BLVD.
SUITE 800
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable) 1200 50th FINE ISLAND RD
City PLANTATION FL Zip Code 33324

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

Denise L. Morgan Special Asst. Secy 3-10-00

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, 2000 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	P	SCOGGINS, KIRK A	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1211 N. WESTSHORE BLVD., SUITE 800	
CITY-ST-ZIP		TAMPA FL	
TITLE	VTS	KELLY, DONALD T	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		300 ATRIUM DR	
CITY-ST-ZIP		SOMERSET NJ 08873	
TITLE	C	KAPPAUF, DONALD W	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		300 ATRIUM DR	
CITY-ST-ZIP		SOMERSET NJ 08873	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

1/26/00

732-748-1700

CR2E034 (9/99)