2001 UNIFORM BUSINESS REPORT (UBR)

07-10-2001 90119 028 ***150.00
FILED P94000036687
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 17 PM 12:10

DOCUMENT # P94000036687

1. Entity Name
THERASTAFF, INC.

Old

Principal Place of Business	Mailing Address
1709 RIVER ROAD JACKSONVILLE FL 32207 US	P.O. BOX 24652 JACKSONVILLE FL 32241 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		1709 River Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Jacksonville, FL	
Zip	Country	Zip: 32207	Country: Duval

4. FEI Number 59-3245624 ☐ Applied For ☐ Not Applicable

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
DAILEY, PENELOPE F 1709 RIVER ROAD JACKSONVILLE FL 32207	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PV DAILY, PENNY F 1709 RIVER ROAD JACKSONVILLE FL 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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7/20

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: Penny F Daily 2·21·00 (904)3992277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)

7/16/01

To: Mr. or Mrs. Employee of State

Re: Reference # P94000036087

Please accept this letter as explanation of the necessity of filing late this year for my annual/uniform business report. I am only 30 years old and at the time the form was to be sent I was diagnosed with colon cancer. My father died at 47 from this devastating disease. Following 3 surgeries, with 3 children under age 5, I am just now able to function on a regular basis. Thanks to God and a group of very special and caring people we have made it past a huge hurdle in our lives. My, at home, single/small business has been a much needed financial contribution to our family for the last 7 years and I would like to plead with you today to please excuse our error in neglecting to send the forms. In all honesty, the forms were signed with check ready on Feb 2nd but were pushed aside in the thought of surgeries, chemotherapy, wills, dissolving, etc. I was scared for my very life and against my normal business practices I neglected to performed an essential task. I am so sorry for this, you will never know how sorry I truly am. Please find it in your heart to excuse my error just this one time as I make it a practice to be deligent in all I do. I promise it will never be late in the future. Thank you in advance for your time and consideration.

Regards,

Penelope J. Bailey

Fei: 593245624

1709 River Rd. Jacksonville, FL