2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000036687

1. Entity Name

THERASTAFF, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90183 025 ***150.00

THERACIALL, INC.		
Principal Place of Business 1709 RIVER ROAD	Mailing Address 1709 RIVER ROAD	
JACKSONVILLE FL 32207 US	JACKSONVILLE FL 32207 US	
2. Principal Place of Business	DV 3. Mailing Address 3. Mailing Address 4.5 VENWS	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ CHECK HERE IF MAKING CHANGES
On CMC WINTER	City & State	4. FEI Number Applied For Not Applied For

2. Principal Place of Business	3. Mailing Address	SVENW S	2 DX	. 11110 01110 01101 10111 1001 1001	
Suite, Apt. #, etc.	2 10 10		CHECK HERE IF MAKING	☐ CHECK HERE IF MAKING CHANGES	
Gity & State	City & State	110 G-	4. FEI Number ~59-3245624	Applied For	
Jacusmytte, Fr	- Jacusmy		35-3243024	Not Applicable	
30,2207 Country	37707	Country U.S	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of C	Surrent Registered Agent		7. Name and Address of New Registered	Agent	
		Name	ivame		
DAILEY, PENELOPE F		Street Address (P.O. Box Number is Not Acceptable)			
1709 RIVER ROAD					
JACKSONVILLE-FL-32207					
\$ 20 X		City	FL	Zip Code	
8. The above named entity submits this state	ment for the purpose of changing its re	egistered office or re	egistered agent, or both, in the State of Florida. I am	familiar with, and accept	
the obligations of registered/agent.	() 1		1-1	Λ2	
SIGNATURE HERE	Lla			0.03	
Signature, typed or Minted name of registe	(NOTE: F	Registered Agent signature	required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.	.00		A Flanting Committee Financian	\$5.00	
³ After May 1, 2003 Fee will be \$5			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Payable to Florida Departr	nent of State		indser and contribution.	_ Added to 1 ees	
10. OFFICEF	RS AND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE PV	☐ Delete		\circ_{V}	Change	
NAME DAILY, PENNY-F	الرابعا الدار بدينيسي همالا معاصيب	NAME -	aily fenny f 342 Gosvenov SQDV Jackson Mile 19 3220		
STREET ADDRESS 1709 RIVER ROAD		STREET ADDRESS	342 GUSVENOV SADY		
CITY-ST-ZIP JACKSONVILLE FL 32207		CITY-ST-ZIP	Tacksmylie, A. 13720=	}- !	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition ☐	
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	` □ Delete	TITLE		Change Addition	
NAME	L Delete	NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME		-	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	ا رونوا در ایران ایران که ای <u>ن میشر</u> در ایران	NAME	_		
STREET ADDRESS		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP		CITY-ST-ZIP			
19. I haraby partify that the information arreal	ilad with this filing dage not evalify for th		Lin Continu 110 07/0V/) Elevido Ctatutas I further on	etifu that the information	

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 of the corporation or the receiver of the specified by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: