

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080591

1. Entity Name  
**FRANSTAFF, INC.**

**FILED**  
00 NOV -1 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 73 South Palm Avenue Suite 219 Sarasota, FL 34236	Mailing Address 73 South Palm Avenue Suite 219 Sarasota, FL 34236
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

**REINSTATEMENT**

*00*

Zip	Country	Zip	Country	4. FEI Number 65-0638068	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  
**David A. Beyer**  
c/o Rudnick & Wolfe  
101 E. Kennedy Blvd., Suite 2000  
Tampa, FL 33602

7. Name and Address of New Registered Agent  
Name **David A. Beyer**  
Street Address (P.O. Box Number is Not Acceptable)  
**Piper Marbury Rudnick & Wolfe LLP**  
**101 E. Kennedy Blvd., suite 2000**  
City **Tampa** FL Zip Code **33602-5148**

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 *David A. Beyer* (NOTE: Registered Agent signature required when reinstating) DATE **10-26-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <b>James W. Dement</b> 73 S. Palm Avenue, Suite 219 Sarasota, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *[Signature]* President DATE: **10/27/00** Daytime Phone #: **941-952-9555**

CR2E034 (9/99)