

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080591

1. Entity Name

FRANSTAFF, INC.

Principal Place of Business

73 South Palm Avenue
Suite 219
Sarasota, FL 34236

Mailing Address

73 South Palm Avenue
Suite 219
Sarasota, FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0638068

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

David A. Beyer
c/o Rudnick & Wolfe
101 E. Kennedy Blvd., Suite 2000
Tampa, FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME James W. Dement
STREET ADDRESS 73 S. Palm Avenue, Suite 219
CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ Change ☐ Addition
NAME 000003473250--3
STREET ADDRESS -11/21/00--01101--004
CITY-ST-ZIP *****750.00 *****750.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 filers empowered.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

10/27/00 941-952-9555

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

REINSTATEMENT

CR2E034 (9/99)