

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081389

1. Entity Name

TEAMSTAFF II, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90156 009 ***150.00

Principal Place of Business
TEAMSTAFF BUILDING 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607

Mailing Address
TEAMSTAFF BUILDING 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607-4600

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
300 ATRIUM DR.
Suite, Apt. #, etc.

City & State
SOMERSET NJ

Zip
08873

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3277121 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

SCOGGINS, KIRK
TEAMSTAFF BUILDING 8TH FLOOR
1211 N. WESTSHORE BLVD.
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
1200 So. Pine Island Road
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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SCOGGINS, KIRK
1211 N. WESTSHORE BLVD., 8TH FLOOR
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTS
KELLY, DONALD T
300 ATRIUM DR
SOMERSET NJ 08873

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
KAPPAUF, DONALD W
300 ATRIUM DR
SOMERSET NJ 08873

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 732-748-12
Date Daytime Phone #