

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081389

1. Entity Name
TEAMSTAFF II, INC.

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

Mailing Address
300 ATRIUM DR.
SOMERSET NJ 08873

2. Principal Place of Business
300 Atrium Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Somerset, N.J.

City & State

4. FEI Number 59-3277121

Applied For
Not Applicable

Zip 08873

Country US

Zip

Country

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

CORPORATION, CT
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P SCOGGINS, KIRK
STREET ADDRESS 1211 N. WESTSHORE BLVD., 8TH FLOOR
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE NAME President Kenneth Jankowski
STREET ADDRESS 1901 Ulmerton Rd. Suite 800
CITY-ST-ZIP Clearwater, FL 33762 ☒ Change ☒ Addition

TITLE NAME VTS KELLY, DONALD T
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Delete

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

TITLE NAME C KAPPAUF, DONALD W
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET NJ 08873 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/24/01

732-748-1700

Date Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90026 040 ***558.75

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DO NOT WRITE IN THIS SPACE

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CR02034 (5/01)