

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Apr 28, 2000 8:00 am
Secretary of State

02-08-2000 90156 008 ***150.00

DOCUMENT # P94000081391

1. Entity Name

TEAMSTAFF III, INC.

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

3. Mailing Address

300 ATRIUM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOMERSET, NJ

4. FEI Number

59-3277124

Applied For

Not Applicable

Zip

Country

Zip

08873

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

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

Name

CT CORPORATION

Street Address (P.O. Box Number) is Not Acceptable

1200 SO. FINE 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

James L. Morgan, Special Asst. Secy

3/10/00

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	P	<input type="checkbox"/> Delete
NAME	SCOGGINS, KIRK	
STREET ADDRESS	1211 N. WESTSHORE BLVD., 8TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	KELLY, DONALD T	
STREET ADDRESS	300 ATRIUM DR	
CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	C	<input type="checkbox"/> Delete
NAME	KAPPAUF, DONALD W	
STREET ADDRESS	300 ATRIUM DR	
CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00

732-748-1700