

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-05-2001 90011 032 ***558.75

013045 AT

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
300 ATRIUM DR
SOMERSET NJ 08873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Teamstaff III, Inc.

3. Mailing Address

Suite, Apt. #, etc.
300 Atrium Drive

Suite, Apt. #, etc.

City & State
Somerset, N.J.

City & State

Zip
08873

Country
US

Zip

Country

4. FEI Number **59-3277124**

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

CT CORPORATION
1200 S PINE ISLAND RD
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 **P** ☒ Delete
 NAME **SCOGGINS, KIRK**
 STREET ADDRESS **1211 N. WESTSHORE BLVD., 8TH FLOOR**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE **President** ☐ Change ☒ Addition
 NAME **Kenn Jonkowski**
 STREET ADDRESS **1901 Wilmerton Rd. Suite 800**
 CITY-ST-ZIP **Clearwater, FL 33762**

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

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

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

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

TITLE ☐ Delete
 NAME
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 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 like empowered.

SIGNATURE:

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

Date

Daytime Phone #

8/24/01

784-744-1700

CR2E034 (5/01)