

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081391

1. Entity Name
TEAMSTAFF III, INC.FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90103 004 ***158.75

Principal Place of Business
TEAMSTAFF BUILDING 8TH FLOOR
300 ATRIUM DR
SOMERSET NJ 088732. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
ZipCity & State
Country4. FEI Number
59-3277124Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current 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 \$150.00**
After May 1, 2002 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 VTS Delete
NAME KELLY, DONALD T
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET NJ 08873

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE C Delete
NAME KAPPAUF, DONALD W
STREET ADDRESS 300 ATRIUM DR
CITY-ST-ZIP SOMERSET NJ 08873TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P Delete
NAME JANKOWSKI, KENN
STREET ADDRESS 1901 ULMERTON RD STE 800
CITY-ST-ZIP CLEARWATER FL 33762TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD ROMANO (732) 748-1700

Date

Daytime Phone #

CR2E034 (9/01)

300-4793
AT