## 2000 UNIFORM BUSINESS REPORT-(UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

## FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # P94000081393 1. Entity Name TEAMSTAFF IV. INC. 02-08-2000 90156 002 \*\*\*150.00 Mailing Address Principal Place of Business 1211 N. WESTSHORE-BLVO.. 8TH FLOOR TEAMSTAFF BUILDING 1211 N. WESTSHORE BLVD., 8TH FLOOR TEAMSTAFF BUILDING JAMPA FL 33607-4600 TAMPA FL 33607 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3277126 OMERSET Not Applicable \$8.75 Additional Country Ζiρ Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1101 SCOGGINS, KIRK 1211 N. WESTSHORE BLVD., 8TH FLOOR TEAMSTAFF BUILDING **TAMPA FL 33607** 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. 1. 5. W & MOUS SIGNATURE Signature, typed or printed 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, ☐ Addition TITLE TITLE Delete NAME SCOGGINS, KIRK NAME STREET ADDRESS 1211 N. WESTSHORE BLVD., 8TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **TAMPA FL 33607** Change ☐ Addition TITLE DVS Delete TITLE KELLY, DONALD T NAME NAME STREET ADDRESS STREET ADDRESS 300 ATRIUM DR CITY-ST-ZIP CITY-ST-ZIF SOMERSET NJ 08873 Addition TITLE hande Delete TITLE KAPPAUF, DONALD W NAME STREET ADDRESS STREET ADDRESS 300 ATRIUM DR CITY-ST-7IP CITY-ST-ZIP SOMERSET NJ 08873 Change Addition . Delete TITLE TITLE NAME NAME KOCH, TERRY M STREET ADDRESS STREET ADDRESS 13736 CHESTERSALL DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 Change Addition Delsis TITLE TITLE TROY FOWLER NAME NAME STREET ADDRESS STREET ADDRESS 1902 WYKAGYL CITY-ST-71P CITY-ST-ZIP TAMPA FL Change Addition Delete TITLE TITLE NAME ROB BYERS NAME STREET ADDRESS 107 S. WOODLYNNE STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TAMPA FL 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 of trusteer smpowered 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 add execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if